Kapen to as

A STATE OF

THE RESERVE THE PARTY OF THE PA

AKAL

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	PERCE		CERTIFICATE OF DEATH					
	ECEASED-NAME Fir			Lost	2o. DATE OF DEATH	Doy 7 Year C		
	Doy	al A.	A.	lther - SR.		12, 08 2:	<u> 30</u>	
3. S		4. RACE		S. DATE OF BIRTH	6. AGE (In y	BOTS IF UNDER 1 YEAR IF UNDER 24  (Y) MONTHS DAYS HOURS	HRS.	
-	Male	White				YRS.		
cop	BIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	WIDOWED [	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Anne Arund	lel	Mo	
	CITY OR TOWN OF DEATH Glen Burnie	, Md. 11. NAME OF HOSPITAL OF	RINSTITUTION (IF NO		WAL OCCUPATION (Kind of wor			
odm	ission) STATE Md.	13b. COUNTY Anne Aru	ndel GJ	len yes	NO□ 711 Berr			
14.	FATHER'S NAME First	Middle los ошп) Alth		MOTHER'S MAIDEN NAME	(Unknown)	liddle Lost		
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECUR 579-16-		FORMANT Dyal A. Al	ther - Jr. 8a	186. Barney St.		
	Conditions, if ony, which governse to immediate couse (o stoffing the underlying coustost.  PART 2. OTHER SIGNIFICANT (	). (b)	OF OF	THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(0	Jen		
CERTIFICATION	190. DATE OF OPERATION	Pb. CONDITION FOR WHICH OPERATION WAS	S PERFORMED	20o. AUTOPSY?  YES NO [	CAUSES OF DEATHS	NDINGS CONSIDERED IN CERTIFYING		
TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, notify medical examiner) P.M. 19  21d INTERFORM OF CHIRDEN 21e PLACE OF INTERFY (ALTHOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Jown (QUOTY)								
	While Not while of work	VOTERCE BUILDING, ETC.	'	11				
	22a. I certify that (I) (	this haspital) attended the dece alive an ive, (I) (we) (did) (did nat) view t	long	that in (my) (aur) a		the date and haur and fran		
	22b. SIGNATURE	man	22 DEGR		MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 4.12-64		
	22d. PHYSICIAN'S NAME (Type)	Hilamy M O.H.	owliber	325 Hosp		en Burnie. Mo	1	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in Brane funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after degits. VR A15 (4) 30M REV. 1/68

230. BURIAL, CREMATION, REMOVAL (Specify) BUFIAL 24. FUNERAL DIRECTOR

Singleton

23b. DATE

uneral

Pages 1 and 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

edar Hill Wave ADDRESS Home/Glen Burnie, Md.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

(Stote) (County)

Maryland
REGISTRAR'S SIGNATURE ( Md. Branklyn

250. REC'D BY REGISTRAR
DATE APR 15 1968

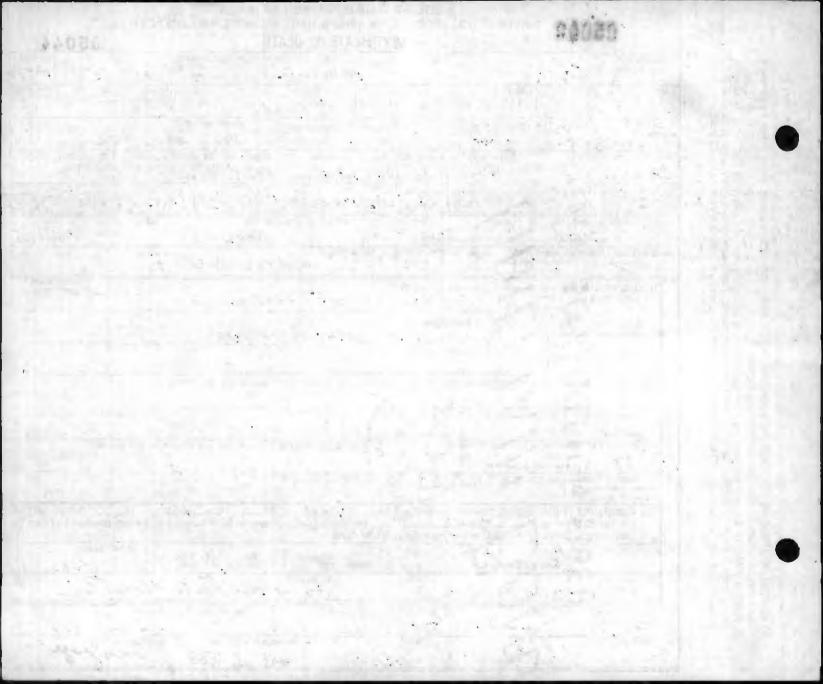
The state of the s act to gradual Election min artem white that Diven 19 66 4-12 OF Asky Maraller 40-11-9 and the state of t

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0.00			CE	RTIFICA	TE OF DEATH	1			050	144
	ECEASED-NAME Type or print)	First	10	Middle	A	Lost MOUR	20. [	DATE OF DEA		Doy 68 Year	2b. HOUR 430 /2
3. 51			4. RACE			DATE OF BIRTH	16	- 1	AGE (In years st birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS.
70. cou	BIRTHPLACE (Stote or fontry) GEORGIA		b. CITIZEN OF WH	A	WIDOWED	-	A		ARUNI	7	v ₃₩ Md.
0	ROWN OF BEAT	LE	O23		TATE H	DSTITAL during	chost of w	vorking life	d of work don even if retired		F BUSINESS OR
odm	USUAL RESIDENCE (Whission) STATE	ere deceased	lived, it instituted in 13b. COUNTY	Residence before 1	BALT	MCRE YES	NO			ESTER	STR.
	SC	rst 077	Middle	BRYANT			E First DAVS	CH	Middle	/	BRYANT
	. WAS DECEASED EVER ( fes, no, or unknown)		of dates of service)	16b. SOCIAL SECURITY NO	. 17. 1NF	HOBPIT	AL	Rico	RDS Address		
	18. CAUSE OF DEATH V	VAS CAUSED I	one couse per lin BY: CAUSE (a)	e for (o), (b), and (c).) ANGRENE	of f	OF SET	7726	MIA			KIMATE INTERVAL ONSET AND GEATH
	Conditions, if any, which gove tise to immediate couse (a).  (b) GENERALITO ARTERIOSCIEROSIS										
	stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   (c)										
NO.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)										
CERTIFICATION	190. DATE OF OPERATION	ON 19b. CO	INDITION FOR WHI	CH OPERATION WAS PERF	ORMED	YES NO	2	20b. IF YES, CAUSES OF		S CONSIDERED IN	CERTIFYING
MEDICAL CE	210. ACCIDENT WAS OR CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTING OR CONTRIBUT	CAUSE OF DEATH	21b. TIME OF HOUR A.M. P.M.	Month Day Year	. 6.	INJURY OCCURRED (Er		of injury in	Port 1 or Port	2, Item 18.)	
ME	21d. INJURY OCCURR While Not while at work of work			AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.		et 1		City or T	own /	County	Stote
	saw the de	22a. I certify that (1) (this hospital) attended the deceased fram 12665, 19, ta 12665, 19, that (1) (we) last saw the deceased alive an 12665, 19, and that in (pay) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did pat) view the bady after death.									
	22b. SIGNATURE	Yeu	wellh	K	DEGREE	1111.5	MED. DIRECTOR	ST PH	AFF 2	2c DATE SIGNED	8
			EDICI			22e. ADDRESS		Star	16	girlal	
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DA	TE 168		METERY OR CI	ry Cem,	, (	LOCATION (C	, Cha	(County)	(State)
74	FUNERAL DIRECTOR	- 11	A/11	ADDRESS _	17	2So. REC'I	D BY REGIS	STRAR	25b. REGISTRA	R'S SIGNATURE	

1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Abberal director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ditendenth Page 4 may be retained by the haspital or attending physician.



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05045 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME Middle PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) physicion and completely filled in by the funeral 99 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost birthdoy) MONTHS event, within 72 haurs 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED GERMENY 10. CITY OR TOWN OF DEATH (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION during most of warking life, even if retired) Jevern 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY ond in ony 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost aase\_ 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give warer dates of service) Yes, no, or unknown) or removal, 913-10-7669 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) permit. cremation, Conditions, if ony, which gove ) burial-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse buria. lost. 4 SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO DO YES 🗀 for use Health the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 10 (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark at work 22a. I certify that (1) (this hospital) attended the deceased from January 1968, to 19 (b), and that in (my) (our) apinion death occurred an the date and hour and fram the saw the decaased alive on shauld causes stated above. (1) Twe Didid (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED director, page 3 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23g. BURIAL CREMATION. REMOVAL (Specify) 30M REV 1/68

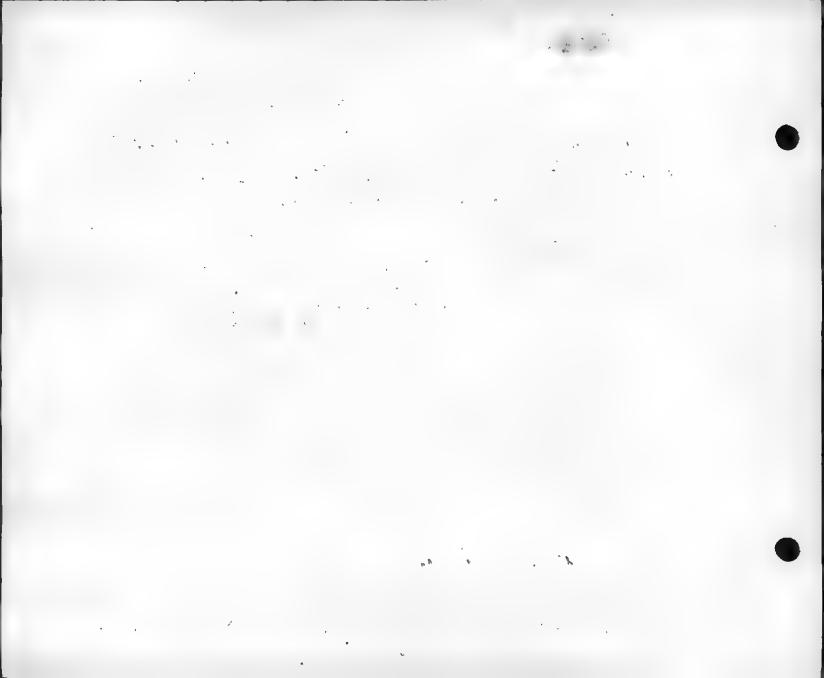
Santa Tanas

STATE OF THE PARTY.

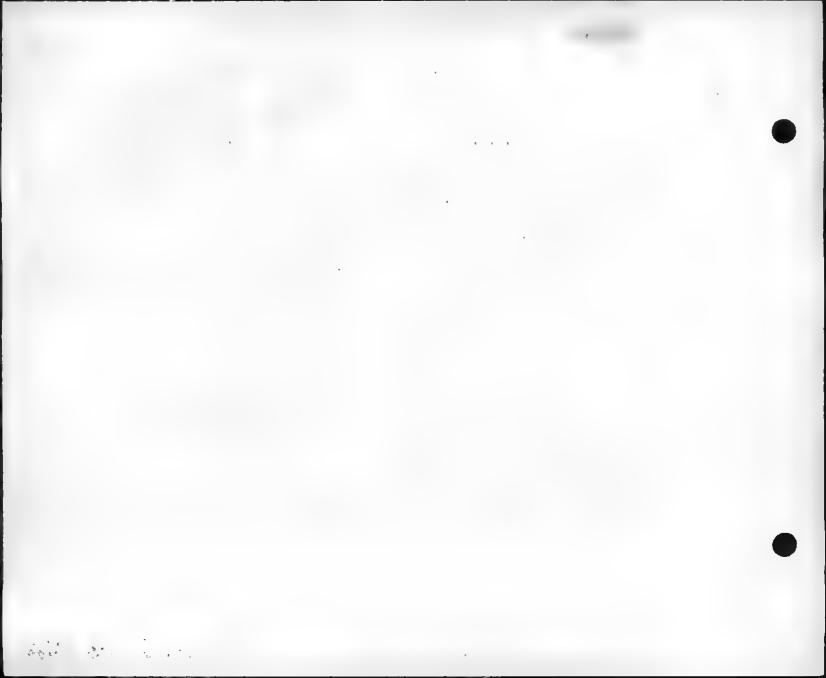
boble of the

150 km Declared the Land We particular .- Vani desc middle budgette day entity to select the selection Shart of the first of the same of the said a saturate

	IIt	tems 18-22a Film 400 MARYLAND STATE DEPARTMENT OF HEALTH -10-08 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	2-	
1	_	C5045 CERTIFICATE OF DEATH
# 4 A		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH Type or print) 2b. HOUR
S 1974	3. 5	STATE OF BIRTH 6 AGE (In years I MADER VIEW
the safe	3. 3	FEMALE WHITE SEPT. 8-1934 lost birthdoy) YRS MONTHS DAYS HOURS MIN
The law requires that the death certificate be executed within 24 haurs after death attending physician has been signed by the attending physician and campletely filled in by the practice is as the burial-transit permit. Then please remave carban papers. Project of the priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH ONLY OF DEATH WIDOWED DIVORCED ANNE AR UNDEL MA
equires that the death certificate be executed within 24 physician signed by the attending physician and campletely filled in build-transit permit. Then please remave carban paper burial, cremation, at remaval, and is any event, within 72	10 J	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital place of working life even if retired)  12 USUAL OCCUPATION (Kind of work done give street address)  12 HOWE ARUNDEL GEN. during most of working life even if retired)
ted wi	130 adm	SS.AL RESIDENCE (Where deceased lived, if institution: Residence before 13c CTY OR TOWN , 136 INS DE CITY LIMITS? 13e STREET AND NUMBER
COTT COTT DOVE	14	This family of the state of the
be extra ond a serient dinor		CARL EATON JULIA CLARK
ertificate be physician c pen please iaval, and ii		WAS DECEASED EVER IN U.S. ARMED FORCES?  165, no. or uninforman   (If yet give wor or dates of service)   14-52-8090 W. RAYMOND DAKER = STEVENSUILLE
cert Ther Ther mov	-	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) A quite pulmonary edema APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ndin indin		PART ! DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) ACKNOWN / KARANTAN M / KARANTAN M
e de afte on, c		DUE TO, OR AS A CONSEQUENCE OF MILLIAN LINE AND LANGUE
t the sit p		Cond.trans, if ony, which gave) use to immediate cause (a), (b) Aspiration of vomitus (aastric mucous)
tha by tran	П	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
ysici ysici rial-	П	lost. (c)
requency reduced physical region of the physical region of the physical regions to the physical regions of the physical region	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law reattending has been se as the h priar ta	CERTIFICATION	19G. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F P P P P P P P P P P P P P P P P P P P	CERT	TES NO CAUSES OF DEALER?  210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
iclan optical of far	MEDICAL	TOR CONTRIBLTING CAUSE OF DEATH (If either, notify medical examiner)  HOUR A.M. Month Day Year 19
Page 4 may be retained by the haspital ar attending To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar ta	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f. EOCATION Street at R.F.D. No. City at Town County State of work
N	П	22a. I certify that (1) (this haspital) attended the deceased fram
OR ATTENDING be retained by th MRECTOR: After the 3 should be ded ed with the State	ш	saw the deceased alive an19, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (1)_(we) (did) (did not) view the bady after death.
ATTI estain CTO shat iffh t	П	20% DICHATHDE A TO THE SIGNED
O HOSPITAL OR ATTENS Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		DEGREE PHYS DIRECTOR STAFF DIRECTOR STAFF PHYS. STAFF
O HOSPITAL Page 4 may O FUNERAL director, pag should be file		22d. PHYSICIAN S NAME (Type)
OSP INE	720	BURIAL, CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
P Se	·	PROVALSPRIAL APRIL 29 STEVENSVILLE STEVENSVILLE MD,
VR A15 (4)	24.	FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M REV 1/68		Colgran Or. Danc - CHURCH MILL / DOATE MAY O 1 1968 Charles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Last 2o. DATE OF DEATH First Middle 2b. HOUR requires that the death certificate be executed within 24 hours after death U .. XXXX. (Type or print) DAVID BARBOUR 12:08 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) White 11-9-15 Male 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country) A.A. U.S.A. Maryland WiDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working ite, even if retired.)
Service Sta. Operator INDUSTRY give street address) carban Glen Burnie North Arundel 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d HISIDE CITY L M TS? Like STREET AND NUMBER admission) STATE Marylandish COUNTY NO ID Furnace Dr. & 6th Ave. Glen Burnie 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost David D. Barbour Mattie Stroup please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Ave. Address Yes, na, or unknown) (II yes give war or dates of service) ar remayal. 215-03-0477 Mrs. Dorothy V. Barbour, Furnace Dr. & 6th APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter any one couse per line far (a), (b), and (c)) PART I, DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) JErmin crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, floor, which gave ) motestatic burial-transit rse ta immediate cause (a) signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the 19a DATE OF OPERATION 196 CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 F YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? Technolists. O FUNERAL DIRECTOR: After this certificate 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) THME OF INJURY 21b OR CONTRIBUTING [" CAUSE OF CEATH HOUR A.M. Month Day PM (If either, natify medical examiner) AT HOME FARM, STREET, FACTORY ) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark TENDING , that the (we) last be retained 22h. SIGNATURE DEGREE DIRECTOR PHYS 22e ADDRESS 22d. PHYS CHAN'S NAME (Type) Paul J. Chang directar, shaul 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County)
Baltimore, Maryland 23a BURIAL CREMATION 235 DATE 4-12-1968 Western Cemetery REMOVAL (Specify)
BURTAL 24 FUNERAL DIRECTOR 2Sq REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A1 30M REV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05047 CERTIFICATE OF DEATH 05049 1 DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Manth 30 DO ROTHY LOUISE BEACH April 3 SFX 4. RACE S DATE OF BIRTH FUNDER I YEAR 6 AGE (In years lost birthdov) July 13,1912 Female Cau. physician and campletely filled in by the 55 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 🚾 NEVER MARRIED 🗌 Washington, D.C. Anne Arundel Co. WIDOWED [ DIVORCED T USA 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OF give street address) during most of working life, even if retired ) Noustry Domestic carbon ¥. Tracys Landing
13a USUAL RESIDENCE (Where deceased lived, first tution, Residence befare Housewife 13c CITY OR TOWNING I3e STREET AND NUMBER odm.ssion) STATE Maryland Anne Arundel Tracys 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Last Middle Last Albert Richardson Niess Louise 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) ar removal, Arthur E. Beach Tracys Landing, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Carcinoma (Bone) IMMEDIATE CAUSE (a) .... DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) use to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO DE certificate 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State White Not while at work O FUNERAL DIRECTOR: After this 22a. I certify that (I) (this hespital) attended the deceased from 11/10 \_\_\_\_\_, 19.67 \_\_\_, ta.4/30 \_\_\_\_\_, 19.68 \_\_\_, that (I) (We) last saw the deceased alive an 4/8 \_\_\_\_\_\_19.68 \_\_, and that in (my) (Ver) apinian death accurred an the date and haur and from the . 1968\_, that (I) (We) last be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATU 22c DATE SIGNED ATTENDING MED DIRECTOR Apr. 30,1968 DEGREE director, page Sepondary PHYS 22d PHYSICIAN 22e. ADDRESS NAME (Type Huntingtown, Maryland G. J. Weems 20639 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION. 23b DATE (County) REMOVAL (Specify) May 2,1968 St. James Chr. Cemetery Lothian Anne Arundel Md. ADDRESS 2So. REC D BY REGISTRAR 25b REGISTRAR S SIGNATUR

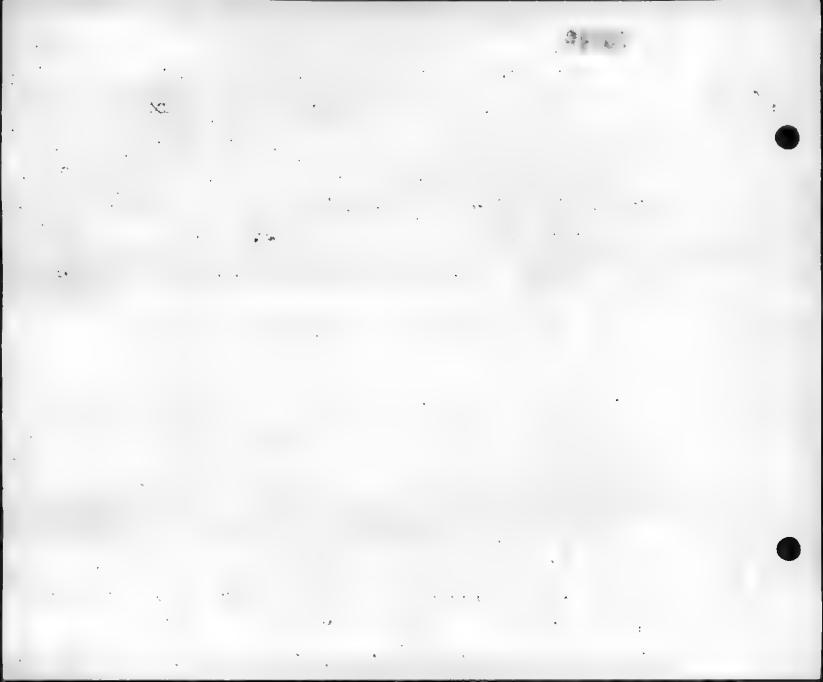
Owings, Md.

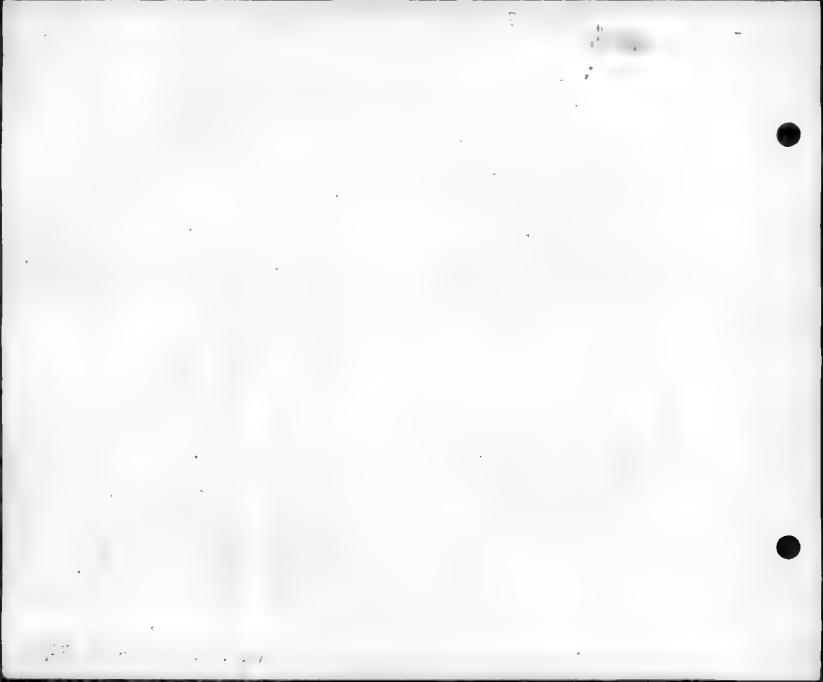
30M REV 1/68



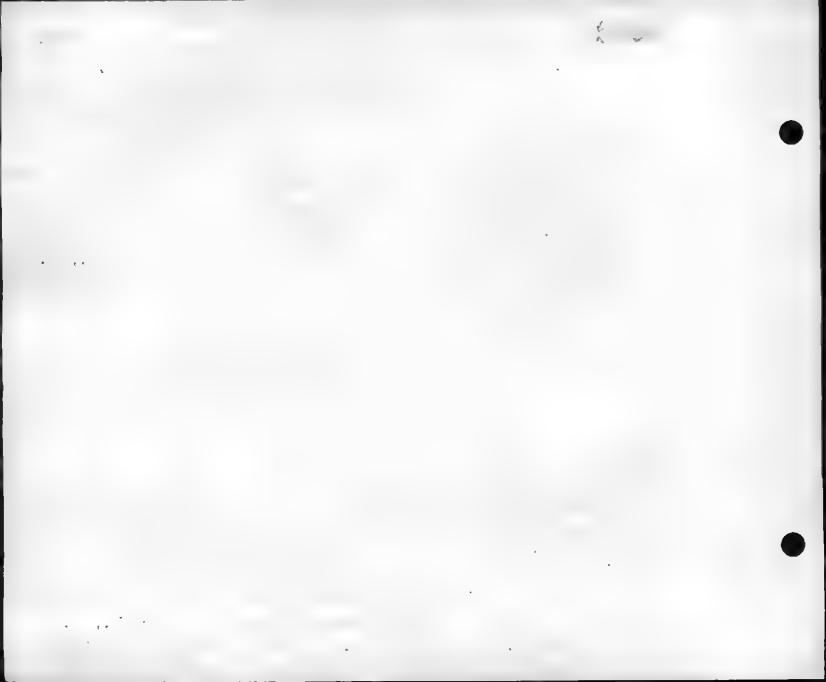
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 2a. DATE OF DEATH First 2b. HOUR T Apr. Month 2 Day 68 Year (Type or print) John Fredrick Bendermeyer 5. DATE OF BIRTH 3 SEX 4. RACE 6 AGE (In years 1F UNDER 24 HRS. requires that the death certificate be executed within 24 hours after lost birthday) Feb. 1, 1910 Male Cauc. 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 14 NEVER MARRIED Maryland signed by the attending physician and completely filled in-burial-transit permit. Then please remove carbon papers Anne Arundel U.S.A. WIDOWED [ DIVORCED [ within 72 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR D.O.A. N. Arundel Hosp. during most of working life, even if retired) INI Glen Burnie 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CTY OR TOWN 13e. STREET AND NUMBER 136 INSIDE CITY LIMITS? 13b COUNTY odm ssion) STATE 603 Crosby Rd. Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Edward Bendermeyer Daisy Bendermeyer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 603 Crosby Road Mrs. Dorethy Bendermeyer, Balto... 165 SOCIAL SECURITY NO Yes, no, or unknown) 212-20-2497 orremova 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CUTE MYOCARDIAL INFARCTION Instant IMMEDIATE CAUSE (o) \_ 410.0 Conditions, if ony, which gove ) YPERTENSIVE CARDIOVASCULAR rise to immediate couse (a), stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 40001 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 2 o ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of in any in Port 1 or Part 2, Item 18) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 2 d NJRY OCCURRED City or Town County State Page 4 may be retained by the h O FUNERAL DIRECTOR After this While Nat while of work 22a I certify that (I) (this hospital) ottended the deceosed from February, 1952, ta April 2, 1968, that (I) (we) last sow the deceased olive on MARCH 26 1968, and that in (my) (out) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the bady ofter death. 22b SIGNATURE 22c. DATE SIGNED DOOD Balto. Wath. Natl. Pike, Baltimore Md. 22d. PHYSICIAN'S director, po should be f Melvin Borden 23r. NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION, 23b. DATE 23d LOCATION (City or Town) (County) Balto. National Cemetery Balto. 250. RECO BY REGISTRAR DATE APR 5 \_ 1968 4101 Edmondson AVAPPRESS 24 FUNERAL DIRECTOR Witzke Fune ral Directors. Balto. Md. 21229







1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		G5C5A MEDICAL EXAMINER'S CERTIFICATE OF DEATH	53
HEALTH DEPT.	1. D	DECEASED NAME First Middle Last 20 DATE KNOWN Month	Doy Year 2b HOUR
200		Gulliam. F Boulden Death MATED 7	30 1x4 P1
delay	3 5		Yeor 19 GF PA
s 1, 2, orm		BIRTHPLACE (State or foreign 75 CT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH NOTY) MARY DIVORCED DIVORCED AND ARCHIOSE	Z - CO M
after death 8. Give Pages olong with for with the State	10 1	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  121 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b K ND OF BUSINESS OR INDUSTRY Service Stat
s aff 18. G s oloi 2 with deat		odmission) STATE Maryland 3b. COUNTY Baltimore Lssex YES NO DK 1652 Poles R	oad
hin 24 hours after de ncil in Item 18. Give P m.ner's Office olomg wi poges Land 2 with the hours ofter death	14. 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle  Edward W. Boulden Trene Wilson	Lost
within 24 n pencil in Exam.ner's F le poges 172 hours		was deceased ever in u.s. armed forces?  Yes, no, or unknown) (1/yes one wor or dates of service)   16b. SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   1652 Poles road B	alto., Md.
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART DEATH WAS CAUSED BY  MMEDIATE CAUSE (o) Crown Francy Durphung la Class L	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed d "pending" in Chief Medical E transit permit F y event within		Onditions, if ony, which gove )	HOMINS
wor wor he iol-		rise to immediate couse (o), stoling the underlying couse lost (c)	
s certificate should e, writing the ward forwarded to the C t used as a burial-tr emoval, and in any	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
his certil afe, writ e forwor be used remova	CERTIFICATION	190 DATE OF OPERATION 190 COND TON FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES \ NO.\_
INER: This should be certificate should be filles.  3 should be orion, or r	ਭ	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  210 TIME OF INJURY Month, Doy Year HOUR A.M.  P.M. 4 30 19 68 Creek are dead.	em 18)
(AMINER: te the certifie 4 shauld our files. oge 3 shou cremotion,	MEDI	21d. INJURY OCCURRED  21e P.ACE OF INJURY (At home, form, street,  WHILE AT WORK  AT	County State
A 5 9 44 .		22a   certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry	, ond in my opiniar
Sector.		death resulted from Natural causes [], Accident [2], Suicide [], Hamicide [], Undetermined monner	
CEBUTY SICAL R CESSATY, please exect e funeral director. Pa may be retained for FUNERAL DIRECTOR: calth prior to buriol.		ACTUAL SIGNATURE	SIGNED 168
o DEPUTY necessary, the funera 5 may be 0 FUNERA!		EXAMINER'S NAME (Type)  E. L. ~ HARET  DEPLITY MEDICAL EXAMINER  ADDRESS (Street, city town, or county)	THEO!
To The Head	230	BURIA, (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gily or Town)  REMOVA. (Specify) 5/4/68 Holly Hill Memorial Gardens Baltimore C	(County) (Stote)
VR A15ME [5] 30M REV 1768	24	FUNERAL D RECTOR  ADDRESS  VUZdzinski Funeral nome 1407 Eastern Ave.  DATE ADDRESS  DATE AND REGISTRAR SERVICE	SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 2a DATE KNOWNT 2b HOUR Manth Year (Type or Print) ESTI-0F 3 ta Page DEATH MATED 6 AGE ( n years 3 SEX 4. RACE S DATE, OF BIRTH F BADER YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR pug P.M3. fast birthday) MONTHS MIN Day 7a BIRTHPLACE (State or foreign 76 CITIZENLOF WHAT, GOLNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH DIVORCED DE WIDOWED [ Give Pages the State TD. CUTY OR TOWN OF DEATH NAME OF HOSP TAL OR INSTITUTION (If not in haspital) 12a JSJAL OCCUPATION (Kind at work done 12b KINDOOF BUSINESS OR Office along with give street oddress during most of weeking life, even if retired ) HDUSTRY with (Where deceased lived, if institution Residence before 130 13e\_STREET AND NUMBER 13a USUAL RES DENGI odmiss on) STATI 13b COUNTY land2 | Fem ] after Middle IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME Last ≘ haurs Examiner's pages 16b SOCIAL SECURITY NO pencil ADDRESS be executed within eror or dotes of service) File 72 APPROMIMATE NIERVAL within 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BEDWEN DISET AND DEATH permit farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY. "pending" rour IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave rise to immediate cause (a), This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND TON GIVEN IN PART I(o) 0 20 removal, CERTIFICATION be used 19a DATE OF OPERATION 95. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔲 21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in any in Part 1 or Part 2, Item 18) О PRIMARY OR CONTR BUTING HOUR A.M MEDICAL CAL EXAMINER: crematian. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At name, farm, street, 21f DOCATION Street or R F D No City or Town County Stote FUNERAL DIRECTOR: Page AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsyl inspect on L and in my opinian death resulted from: Natural causes Accident ' Suicide ! Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE may be O DEPUT DEPUTY MED CAL EXAMINER ealth NAME (Type) ADDRESS(Street, city, town, of county) 0 BUR.AL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (County) VR A15ME (5) 10M REV 1768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05053 05055 CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR A requires that the death certificate be executed within 24 haurs after death (Type or print) April William BROWN Roland 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH lost buthgay) HOURS YRS 7a 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT\_COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED [ WIDOWED crematian, ar remaval, and in any event, within 72 Anne Arundel 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Dead on arrival 120 USUA, OCCUPATION-Hand of work done 12b KIND OF BUSINESS OR please remave carban Annapolis Anne Arundel Gen. 130. USUAL RESIDENCE (Where deceased lived, if institut ont Residence before 13e. STREET AND NUMBER admission) STATE 13b COUNTY 14. FATHER S NAME M≀ddle Lost IS MOTHERS MAIDEN NAME First Middle Address N U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER # Yes, ng, gr-unknown) APPROX MATE INTERVA CAUSE OF DEATH (Enter on y one couse per me for (o), (b), and (c).) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS ACONSEQUENCE OF burial-transit p Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SEGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tat O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? NO DA YES [ detached far use te Dept of Health 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M Month Doy Year P.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 2 d NJURY OCCURRED City or Town Caunty State While Not while of work 220. I certify that (I) (this hospital) attended the deceased from 4/20, 1962, ta 4/28, 1968, that (I) (we) lost saw the deceased a ive on 4/24, 1968, and that in (my) (we) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE/SIGNED ATTENDING PHYS director, page 3 D RECTOR 22e ADDRESS 22d PHYS CIAN S NAME (Type) 16 Murray Ave.. Richard I. Hochman. M.D. Annapolis NAME, OF CEMETERY OR CREMATORY 23b DATE (Stote) BURIAL, CREMATION 250 REC D BY REGISTRAR 255. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1 68 DATE

j.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

20. DATE OF DEATH

9. COUNTY

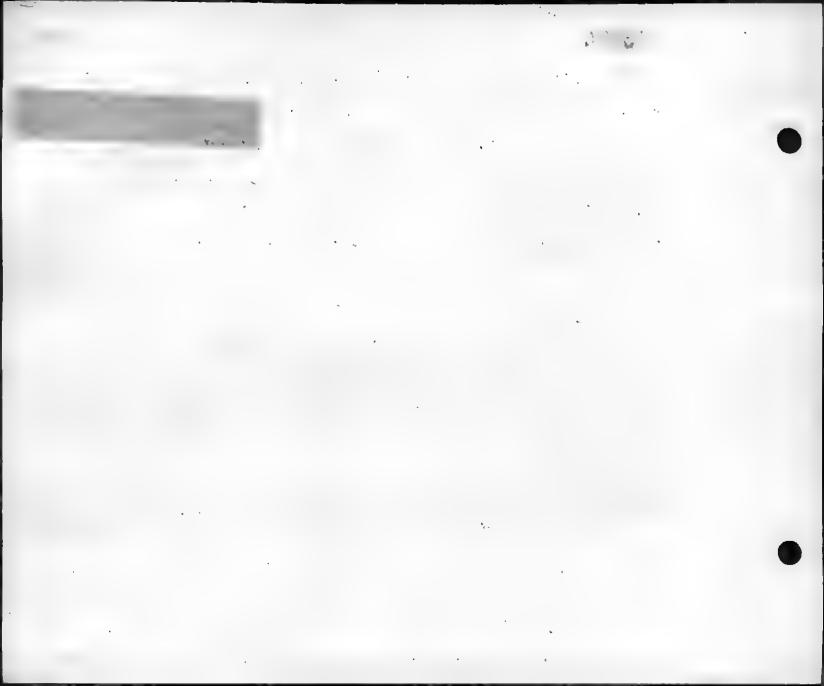
23d LOC

2b HOUR

05054 DECEASED NAME M ddle Lost Frst TO FUNERAL DIRECTOR: After this certificote has been signed by the ottending physicion and completely filled in by the tomeral Edirector, page 3 shauld be detoched for use os the burial-transit permit. Then please remove carbon popers. Pages of Should be filed with the State Dept of Health prior to burial, cremotion, or removal, and in any event, within 72 hours offer-deat (Type or print) 3 SEX 4 RACE 5 DATE OF BIRTH 1. " wie le 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED (country) Sud WIDOWED 🔀 DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT give street address) during most of work 3 shauld be detoched for use os the burial-tronsit permit. Then please remove carl with the State Dept of Health prior to burial, cremotion, or removal, and in any event, 3d. INSIDE CITY LIM-TS? 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN STATE 13b. COUNTY YES NO X 14 FATHER'S NAME First M.ddie Lost IS MOTHER'S MAIDEN NAME First SIMMON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF pllysician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF Page 4 may b≡ retained by the hosp tof or attemding CERTIFICATION 19a DATE OF OPERATION 20e AUTOPSY? YES 🔲 NO \_ 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of MEDICAL OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) PM ( AT HOME FARM STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 11-21 19 68, and that in (my) (our) apinion deat saw the deceased alive on. causes stated abave, (1) (we) (did) (did-not) view the bady after death. 22b. SIGNATURE **ATTENDING** DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE REMOVAL (Specify) 13019 4-2 3 03 ADDRESS 250 RECID BY REGISTRAL DATE APR 26 24. FUNERAL DIRECTOR 30M-REV 1/68 Berndr PS

Dri/ Month Doy	21 Years	A
6. AGE (.n years last birthday) YRS.	IF JNOER 1 YEAR IF LINDER 24 HRS. MONTHS DAYS HOURS MIN	
ITY OF DEATH		-
-/Y.	Me	1
PATION (Kind of work dane orking life, even if retired )	126. KIND OF BUSINESS OR INDUSTRY	
13e STREET AND NUMBER		
Middle Middle	Last	
VS West Ro		-
1-	APPROX MATE INVERVAL BETWEEN ONSET AND DEATH	-
oselnoris -	-	
		=
N GIVEN IN PART 3(a)		
20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING	
of injury in Part 1 or Part 2, 1	Item 18.)	
City or Town	County State	
eath accurred on the da	68, that (I) (we) last te and haur and from the	† 00
STAFF PHYS.   22c. I	DATE SIGNED 4-22-68	
LOCATION (City or Town)	(County) (State)	
1968 Files	/ /	

law requires that the death certificate be emecuted within 24 haurs mitter death. ON ATTEMBING PHYSICIAN:



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05055 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20 DATE OF DEATH First 2b. HOUR The law requires that the death certificate be executed within 24 hours after death. (Type or print) 30 IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR last birthday) MONTHS DAYS HOURS **COUNTRY?** 9. COUNTY OF DEATH 75 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED R country) completely filled in Anne Hrunde paper WIDOWED [ DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in bospital 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired ) INDUSTRY por Among Home - Working in Hotels 13a USUAL RESIDENCE (Where deceased lived, if institution: Posidence before 13c. CITY OR TOWN) event, 13d. INSIDE CITY JIMITS? The STREET AND NUMBER admission) STATE 136 COUNTY YES [ NO remove and in any 14 FATHER'S NAME Middle IS, MOTHER'S MAIDEN NAME First Middle please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI Address Yes, (gor upknawn) by the attending physical by the property of t remayal, 18. CAUSE OF DEATH (Enter only one cause per line far\_(a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 3day1. Ö IMMEDIATE CAUSE (o) crematian. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) rise la immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the prior to l has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO T USB Health TO FUNERAL DIRECTOR: After this certificate the haspital ar 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 23c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ĮQ. OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Day Year af o (If either, notify medical examiner) PM detached 21d INJURY OCCURRED 21e. PLACE OF INJURY f AT HOME FARM, STREET, FACTORY. | 21f. LOCATION Street or R.F.D. No. GIV or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 1968, an . 19 60, ta 9-1 4-1 1965, and that in (my) (aur) apinian death accurred an the date and haur and fram the be retained pluons causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS. r, page be filed PHYSIC AN'S 22e. ADDRESS NAME (Type) director, p 23a. BURIA, CREMATION CEMETERY OR CREMATOR (Stote) REMOVAL (Specify) 1968 REGISTRARS SIGNAL 250 RECD BY REGISTRAR VR A15 (4) 30M REV

2

·

.

.

v

30M REV

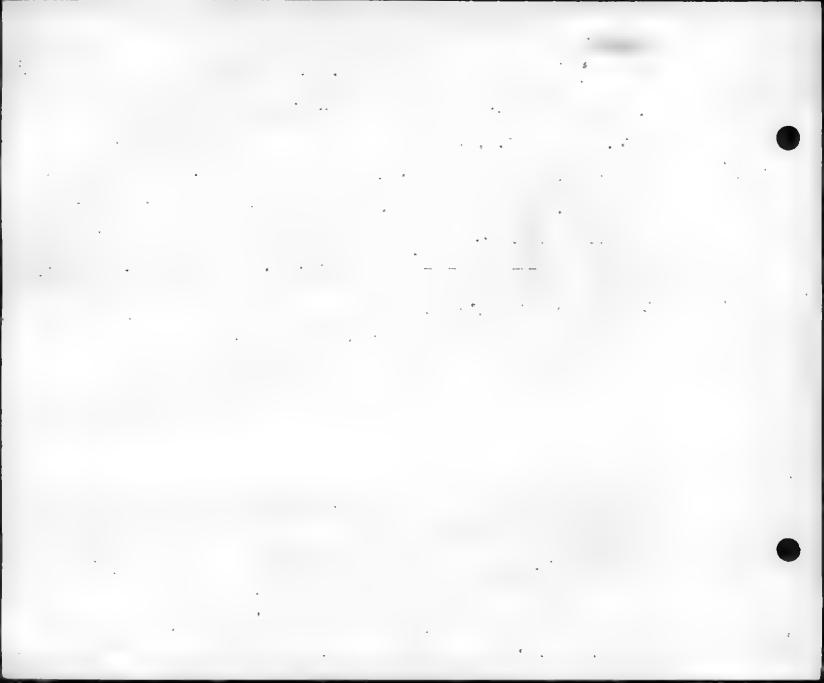
It	. : 15 film #			E DEPARTMENT OF H						
	* *	DIVISION OF VITA	•	· · · · · · · · · · · · · · · · · · ·	MORE, MARYLAND 21201	20 A 100 A 100				
	6505R			ICATE OF DEATH		5658				
	ECEASED NAME First		Middle	Lost	Anni 1 Month O Doy	2b HOUR				
	Fran	ces	С.	Carroll	1 TEDITOR	19 <b>6</b> 8 3:50				
3. SE	X	4. RACE		S DATE OF BIRTH	6. AGE (In years	MONTHS DAYS HOURS MIN.				
	Female	White		1-3-03	last birthdoy) YRS	MUNITAL DATS HOURS MIN.				
7o l	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT CO	UNTRY? 8. MARRIE	D NEVER MARRIED 5	, COUNTY OF DEATH					
ÇQUI	Md.	U.S.A.			Anne Arunde	1 Md.				
10 (	ITY OR TOWN OF DEATH Glen Burn	give street g	HOSPITAL OR INSTITUTION (I ddress) orth Arun		OCCUPATION (Kind of work done as of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY				
	USUAL RESIDENCE (Where deceos	ed lived, if institution: Re	sidence before 13c. CITY		13e. STREET AND NUMBER					
odm	ission) STATE Md.	13b COUNTY Ann	e Arundel	Glen Burnie	Rt. 2 Box	462-A				
14.	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN NAME Fir	st Middle	Lost				
	Maxilian	Spitzmagel		Christi	ina	Unk				
	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 S	OCIAL SECURITY NO 17	INFORMANT	Address					
Y	es, not or unknown) (If yes give w	var or dates of service) 21 5	-48-2513	Josephine A. I	Potocki 7102 Vill	lowdale Ave				
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)		Is preme	~~		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, which gove									
	rise to Immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF									
	lost (c) idenocarcino a fitall of lancr s									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
z										
MEDICAL CERTIFICATION		CONDITION FOR WHICH OP		20g AUTOPSY?  YES NO	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?					
BOICAL CEI	21 o. ACCIDENT WAS UNDERLYIN  ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT  (If either, notify medical exami	HOUR A.M. Mor	th Day Year		neture of injury in Part 1 or Part 2, I	tem 18)				
W	nt work - at work			LOCATION Street or R.F.D No.	City or Town	County State				
	22a I certify that (1) (the saw the deceased a causes stated above	is haspital) attended live an	the deceased from 19 8, co	and that in ( <del>my) (</del> aur) apin er death.	ian death accurred an the dat	te and haur and from the				
	22b SIGNATURE	change		GREE PHYS ME		DATE SIGNED / 68				
	22d PHYSICIANS	PICIN	0- 11-14	22e ADDRESS	11 100	in a hid				

, VET FOR 230 BURIAL (REMATION, REMOVAL (Specify)

APRIL 13 1968 HOLY REDEFMER

24 FUNERAL DIRECTOR

THE DIPPEL BROS INC 7110 BELAIR RO (Stote) (County) 250 REC'D BY REGISTRAP 15 1968 MO 2Sb.



0 <b>5</b> 05	F
ASED-NAME e or print)	
amale.	

7a (01 10

13c adr 14

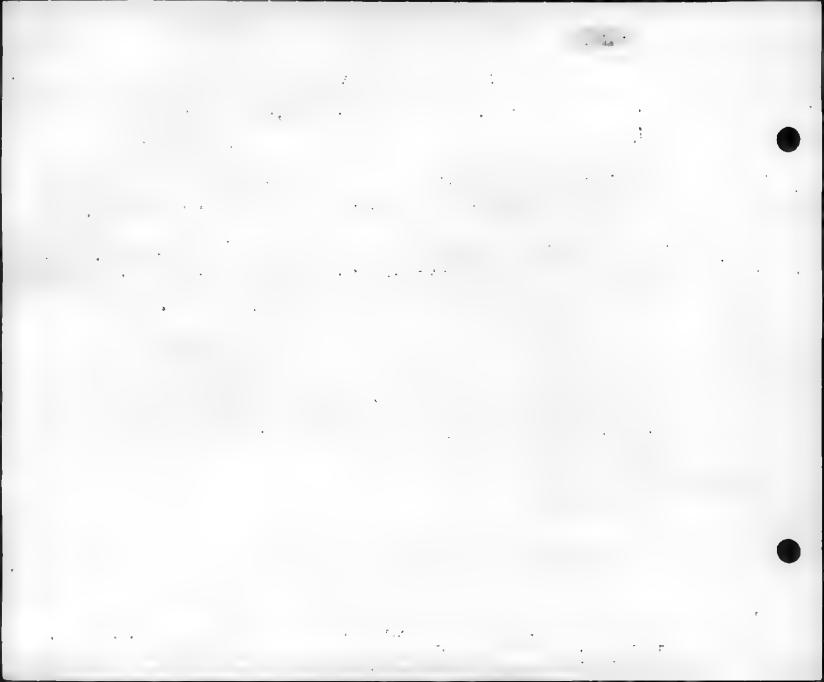
	00001		CEKII	FICALE OF L	<b>JEAIN</b>			7 47
l. D	ECEASED-NAME First		Middle	Last		20. DATE OF DEATH		2b. HOUR
(1	Type or print) EVA	HELE	M CH	ANEY		April	Doy Yeor 18 1968	. M
3 56		4. RACE	av On	S. DATE OF BIR	TH.	6 AGE (in years		AF UNDER 24 HRS
-	female	caus.				last birthday)		HOURS MIN
		CITIZEN OF WHAT CO	OUNTRY? 8. MADE	IED NEVER MARR	19,1896	COUNTY OF DEATH	183	LL_
	Mary land	USA	hour,	VED TO NEVER MARK		Laborach anna		Md
0 6	TITY OR TOWN OF DEATH		F HOSPITAL OR INSTITUTION	8-6-1	1	Anne Anindel OCCUPATION (Kind of work of	iane 12b KIND OF	BUSINESS OR
	Gambrills	give street Rt	oddress)			of working life, even if retir		
30.	1.51 AL RESIDENCE (Where deceased			Y OR TOWN	A INSIDE CITY LIM T	ewife 37   13e STREET AND NUMBE	R Own h	ome
adm		13b. COUNTY			YES NO [	7707 04-	4 D1	
	FATHER'S NAME First	M.ddle	lost	IS. MOTHER'S MAI	DEN NAME First	1131 Oder		Last
	William			The street of the state of	_			
160	WAS DECEASED EVER IN JS ARMED	FORCES? 16b	Hood SOCIAL SECURITY NO	17 INFORMANT	Ua	rrie 468 Oakto	Lowman	
1	res, no, or unknown) (If yes give were	or dates at service)	12-16-5563D	Mrs. Hild:	a Chan e	y - Odenton	Md.	
	19 CAUSE OF DEATH (Enter only				1	J	APPROXI	MATE INTERVAL
	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED E IMMEDIATE	or Brayeli	Breen	may due	- 5	. 1 0.0	BELANTIN O	ONSET AND DEATH
	I / 2 % IMMEDIATE			purla	1 reg	mis cour	*	
	Conditions, if any, which gave)	DUE TO, OR AS A (	ONSEQUENCE OF	V	V			
	rise to immediate couse (a),							
	stating the underlying couse							
	lost 1533							
	PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMINAL	DISEASE OR COM	IDITION GIVEN IN PART 1(a)		
20	Lupoprater	me De	ouday a	nemia.		alamenous		
SATIO	190. DATE OF OPERATION 196 CO	NDITION FOR WHICH O	PERATION WAS PERFORMED	20a. AUTØP	5Y?	206 IF YES, WERE FIND! CAUSES OF DEATH?	NGS CONSIDERED IN C	ERTIFYING
ZTIFI(	9-21-1967 Ba	uel aka	tructen	YES 📑	NO 🔽	CAUSES OF DEATH?		
9	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJU		c. HOW INJURY OCCU	RRED (Enter n	oture of injury in Port 1 or Po	ort 2, Item 18)	
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner		onth Day Yeor					
ME	21d NURY OCCURRED 21e PL		OME, FARM, STREET FACTORY,) 2 E BUILDING, ETC.	If. LOCATION Street	or R.F.D. No.	City or Town	County	Stote
	While Not while at work	( OFFIC	E BUILDING, ELL.					
	22o. I certify that (I) (this	haspital) attende	d the deceased fram	1		_, to	, 19, that	(I) (we) lost
	saw the deceased aliv	e on	19,	and that in (my	) (aur) apini	an death accurred an th	ne date and haur	and fram the
	causes stated above, (	I) (we) (did) (did	not view the bady of	ter deoth.				
	22b. SIGNATURE	+ 11	Varia 1	ATTENDING	MED MED	O. STAFF	22c DATE SIGNED	10
	CCC	eri 2	00 puzh	DEGREE PHYS		ECTOR L. PHYS. L.	4-17-	68
	22d. PHYSICIAN'S NAME (Type)	4.71	1. 1. m.	22e. ADDR	57 00 00 C	agin Heg	lung, a fr	. 0
	Mean	6 A. C	orga III		- Alle	Mumes.	marye	<u> </u>
23 a.	BURIAL (REMATION, 23b. DA REMOVAL (Specify)		23c. NAME OF CEMETER	***		23d LOCATION (City or Fown)	(Collety)	(State)
0.4		22/68	Nich ods I	Bethel	2Sa. REC'D BY	Odenton	A A I	/d
	Buver rey E. Hopp		uly 6 A	hold	DATE AP	R 2 2 1968 /	Climber 9	udge.
	COMMENTS IN AN ADDRESS OF THE PARTY COMMENTS	1 A	and the second s	# 51	DAIL			

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the affending physician and campletely filled in by directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. A shauld be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hafit VR A15 (4) 30M REV 1/68

Hopping Funeral Home

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		<b>いっしっち</b> MEDICAL EXAMINER'S CERTIFICATE OF DEATH	OKN
HEALTH DEPTY	1. D	DECEASED NAME First Middle Lost 2a. DATE KNOWN Day	Yeor 2b HOJR
No of The VI	(	(Type or Print) DAVID Paul Clark DEATH MATER 4 23	168 P
1 200	3 5	SEX 14 RACE 15 DATE OF BIRTH 10 AGE IN years 1 1 200 K 24 MS 17 C DATE PRONUUNCED DEAD	2d HOJF
a de de la company de la compa		M. W 1/30/C3 last birthday) MONTHS DAYS HOURS MIN MONTH of Day Z 3 Yea	1,65 10
50000	70	BIRTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   B MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	.,
farm farm te De		Maryland U. S. A. WIDOWED DIVORCED AMED.	N.
Pages vith fo	10. 0	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 US.) A. OCCUPATION (Kind of work done 12h KIN	ID OF BUSINESS OR
after death 8. Give Pagi alang with with the Sta leath.		Pasadena, Md. 21122 Och - worth. Macio DEL. during most of working life, even if retired.) INDUSTR	Y
Give ng h th	13a	a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
afi 8. (8. ala ala w.t		adm ssion) STATE MD 13b COUNTY A TEO Pasadena, Md VES NO X 1405 Saurbacket Bot	_ ha
hin 24 havis after death ncil in Item 18. Give Pages niners Office alang with far pages I and 2 with the State havis after death.	14	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
the offi		36	E031
hin 24 noil in niner s pages haurs	160		ena, Md.
mithin pencil camine le pag 72 hau	()	(Yes, no, or Jikhown) (If yes give war or dates of service) Mrs. Margaret Ckark 405 Saurbacket	r Road
	<u> </u>	The course of property of	LAPROXIMATE INTERVAL
		PART I. DEATH WAS CAUSED BY	WEEN ONSET AND DEATH
d be executed "pending"   Chief Medical Iransit permit y event within		IMMEDIATE CAUSE (o)	Medan
sit pend		Conditions, if only, which gave	
d by Chie		rise to immediale cause (a). (b)	
an an		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho he w ta th burn		(t)	
This certificate stricate, writing the be farwarded to do be used as a bu ar remayal, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(a)	
tific ard ard d a	NO.	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20	AUTOPSY?
kertif arwar used maval	IS	WAS PERFORMED?	
be be	CERTIFICATION	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	AEZ NO
= 0 -			7
NER NER Heave she she sho	MEDICAL	CAUSE OF DEATH  21d .NJURY OCCURRED  21e PLACE OF .NJURY (At hame, form, street, 21f .OCATION Street of R.F.D. NO (117 or Town)  County of County	
KAMINER: te the certi ge 4 shauld yaur files. age 3 shaul crematian,	1	WHILE NOT WHILE Indiang, steph	
		October 14	
cal E executor Paragraphical (CTOR: Burnal),		22a. I certify that I foak charge of the remains described above, held an Autopsy , Inspection , Inquiry , at	nd in my apiniai
		death resulted from Natural causes, Accident, Suicide, Hamicide, Undetermined manner	
dare dare		CHIEF MEDICAL EXAMINER	
Ty, please rail direction to prior to		SIGNATURE M.D ASS STANT MEDICAL EXAMINER 226 DATE SIGNED	18
P.C. Sarran		EXAMINER'S  EXAMINER'S  DEPUTY MEDICAL EXAMINER  4-23-	
ro DEPUTY necessary, p the funeral 5 may be re fo FUNERAL Health prio		NAME (Type) E. L. N. A. P. R.C. T. ADDRESS (Street, city, town, or county)	nco.
5 5 ± ~ 5 ± \	230	BO BUR AL, CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	
2 K		REMOVAL (Specify) Burial 4/28/68 Cedar Hill Ritchie Highway A.	
VR ATSME ISL	74	FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 256 REGISTRAR S SIGNATUR	
10M REV ZOO	/	M Cully Funeral Hem 237 Patapsco Ave. 21225 DATE MAY 0 1 1968 Icharla	Judge



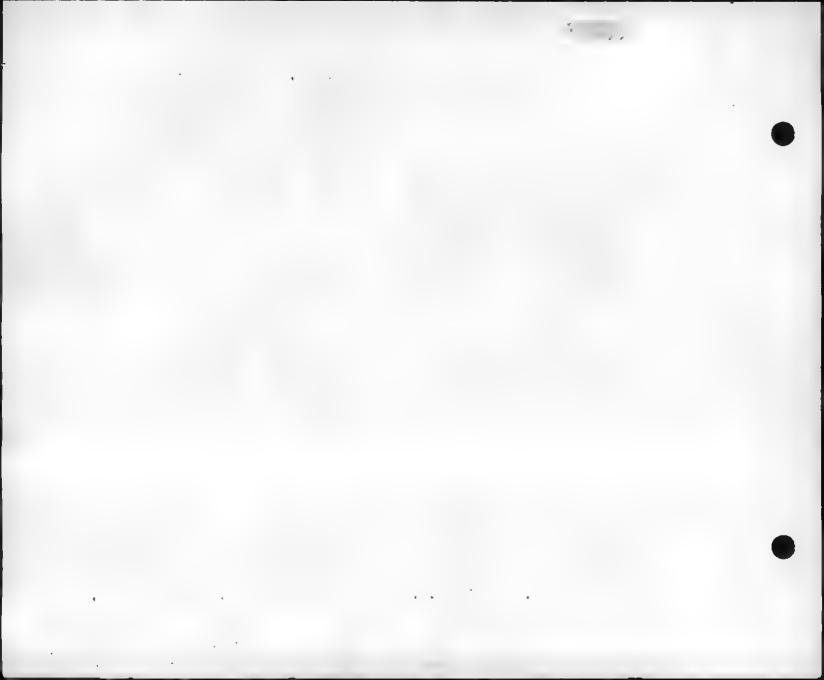
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 uneral 1 and 2 or death: DECEASED-NAME Fifst Midd)a Lost 2a. DATE OF DEATH 25 HOUR (Type or print) Wallace Copney :51p M IF JNDER I YEAR 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS last birthday MONTHS Male 9/3/97 Negro law requires that the death certificate be executed within 24 haurs of van papers. Pog within 72 haurs 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED physician and campletely filled in en please remove carban papers. (duntry)North Carolina USA DIVORCED [ WIDOWED TX Anne Arundel 12a USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address) during most of working ife, even if retired) Crownsville Crownsville State Hospital Market worker 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before / 13c, City OR TOWN 134 INSIDE CITY LIM TS? 13e STREET AND NUMBER admission) STATE 13b COUNTY 321 N. Chapel Street Maryland Raltimore any 14 FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Middle Middle last Last and in Charles Copney Unknown 16b. SOCIAL SECURITY NO. 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes na, ar unknawn) , 1 yes give wat or dates of service) Hospital Records, Crownsville State Hosp, Md. Unknown 18. CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Malnutrition and Dehydration Intractable Diarrhea cremation, DUE TO, OR AS A CONSEQUENCE OF (b) Carcinoma of colon; acute gastro enteritis, etiology? signed by the burial-transit p Canditians, if any, which gave t nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause łas1 PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p as the prior to l has been Cardiac arrhythmia, history of Tuberculosis 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUYOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** NO IT far use Health YES [ III FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) PM be detached / AT HOME, FARM, STREET FACTORY, \ 27f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram 2/23 , 1968 , to 4/21 , 1968 , that (I) (we) last sow the deceased alive an 4/21 1968, and that in (my) (our) opinion death accurred on the date and hour and from the be retained by causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 226. SIGNATURE STAFF PHYS. **ATTENDING** MED. DIRECTOR E 4/21/68 director, page 3 DEGREE PHYS. 22d. PHYSICIAN'S 22a. ADDRESS NAME (Type) L. Benedict, M.D. Crownsville State Hospital Marvland 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23b DATE (County) REMOVA (Specify) 5-3-68 V.OFMD, MED. SCHOOL BALTIMORE 24 FUNERAL DIRECTOR ADDRESS 25g. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE (Cliarles Jugge VR A15 (4) 30M REV, 1768 1968



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20 DATE OF DEATH Middle Lost 2b. HOUR P I. DECEASED NAME First reguings that the death certificate be executed within 14 haurs after death Month (Type or print) Alfred John DAGGETT, Sr. 3 SEX 4. RACE IF UNCER 1 YEAR DATE OF BIRTH 6. AGE (In years physician and completely filled in by the ease remave carbon papers. Pac and in any event, within 72 haurs 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) DIVORCED [ Anne Arundel 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH OR INSTITUTION (If not us hasoital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) 13a LSJAL RESIDENCE (Where deceased lived, if institution; Residence before CITY OF TOWN CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, ng. grunknown) [If yes give war or eates of service) ar remaya APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY dx clu ou IMMEDIATE CAUSE (a) bur.al, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove? burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending as the O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 20o. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 for use Page 4 may be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING ( CAUSE OF DEATH HOUR A.M. Month Doy Year 9 P.M. be detached (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work at wark 22a I certify that (I) (this haspital) attended the deceased from Z 1964, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on. director, page 3 shauld should be filed with the 3 shauld causes stoted obave, (1) (we) (did) (did not) view the body after death 22b S-GNAT-JRE 22r. DATE SIGNED ATTENDING PHYS. STAFF REGREE DIRECTOR PHYSICIAN'S 22e ADDRESS NAME (Type) Annapolis. LOCATION (City or Town) BURIAL, CREMATION (State) **ADDRESS** 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4)

DATE

30M REV 1/68



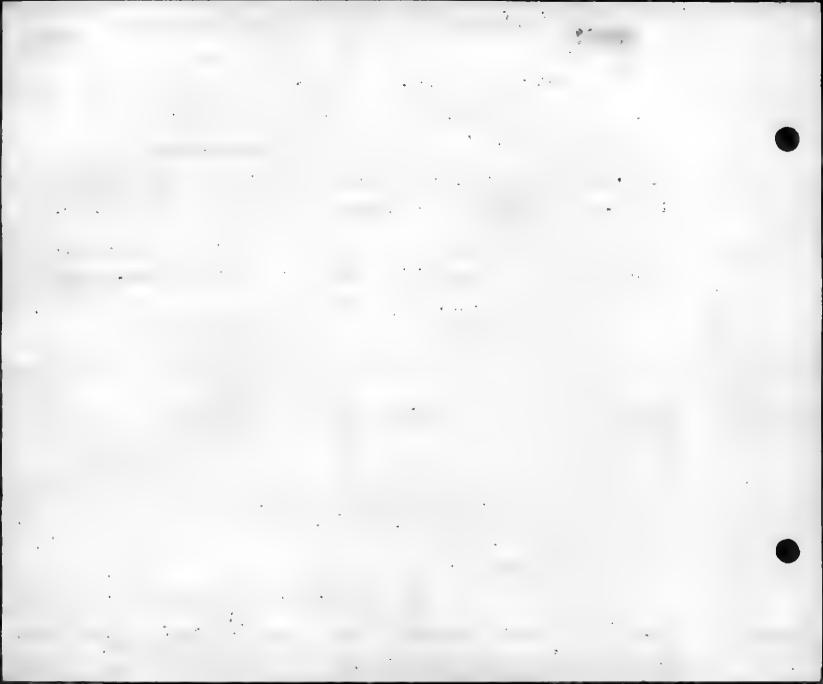
## TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physician.

(eath.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	6960	ě.		(	ERTIF	ICATE OF	DEATH						ड
	ECEASED-NAME Type or print)	First		Middle		Lost		2g. DATE O	F DEATH Month	Dov	Yeor	26.	HOUR
- 1	the or himil	Aruthi	ır	Eugene		Davie	25		2.	3	68	. 177	.05
3 56	X		4. RACE			S DATE OF B			6. AGE (In year		IF UNDER YEAR		R 24 HRS
	Male			hite		8/	18/78		80	YRS.	WAT S	- Hooks	I IIII
	BIRTHPLACE (State or f htty)	oreign 7b.	CITIZEN OF WH	HAT COUNTRY?		D 🔲 NEVER MA	RRIED	9. COUNTY O	F DEATH				
Co	onnecticut		USA		WIDOW		RCED	Anne.	Arundel (Kind of work				Md
10. (	ITY OR TOWN OF DEA	TH		AME OF HOSPITAL OR INS street oddress)	TITUTION (	findt in hospitel	12a USJA	L OCCUPATION	(Kind of work life, even if ret	done	125 KIND O	F BUSINES	SOR
	Crownsvill		Cr	ownsville.	Stat	e Hosp.	Re	tired			DORT	Buch	DING
			ived, if instituti	ion: Residence before	13C CITY	OR TOWN	13d INSIDE CITY LO		TREET AND NUMB				- 1
	Maryland		Anne		Anna:	polis	X		<u> 16 Van 1</u>		n Stre	et.	
14	FATHER'S NAME F	irst	Middle	Lost		IS MOTHERS N	AIDEN NAME F	irst	Mid	dle		Last	
			Unkno					Unknow					
16a	WAS DECEASED EVER es, no, gr unknown)	IN U.S. ARMED     (If yes give wor or o		16b. SOCIAL SECURITY N		7. INFORMANT			Addı				
	No			<u> 214-05=043</u>	7A. ]	Hospital	Recor	ds Cro	wnsville	Ma:	ryland	7172 V 1174	70 (3-2
				ne for $(e)$ , $(b)$ and $(c)$							BETWEEN	ONSET AND	DEATH
	PART I, DEATH I	IMMEDIATE C	AUSE (a)C	achexia									
	O 11. 9 DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if any, which gave and the course (a), (b)												
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF												
	lost. 002./ (c)												
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)											
NO				Pulmonary				CVD					
CERTIFICATION	19a. DÂTE OF OPERATI	ON 196. CONI	DITION FOR WH	ICH OPERATION WAS PER	RFORMED	200. AUT			F YES, WERE FIND S OF DEATH?	INGS COI	NSIDERED IN	CERTIFYIN	G
	210 ACCIDENT WAS		216 TIME OF		21c.	HOW INJURY OF	CURRED (Enter	nature of inju	ry in Part 1 ar P	art 2, lte	am 18.)		
WEDICAL	OR CONTRIBUTING []	cause of oeath	HOUR A.M. P.M.	Month Doy Yeor									
ME	21d. INJURY OCCURR While Not while at wark at wark	ED 21e. PLA	CE OF INJURY	( AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC	TORY ) 21f.	LOCATION Stre	et ar R F.D. No.	City	er Town		County	:	State
	22a. I certify th	ot <del>(I)</del> (this h	ospitol) atte	ended the decease	d fram_	3/27	, 196	8, ta	4/3_	, 19_(	68_, tha	<del> -(+)-(</del> v	ve) lasi
	saw the de	ceosed olive	on4	/31	<u>68</u> ,	and that in (n	<del>ıy)</del> (our) opiı	nion deoth	occurred on t	he dot	e and hour	ond fr	om the
		ed abave, (I	) (we) (did)	(did not) view the l	ody atte	er death.				00 0	ATT CIANTS		
	22b Signature	El.	mid		DI	GREE PHYS		ED. RECTOR	STAFF		ATE SIGNED		
	22d. PHYSICIAN'S	Type	www	74.	Di	GREE PHYS 22e. ADI		RECTOR 134	PHYS.	11/	3/68		
	NAME (Type) I	. Bened	dict, M	I.D.				e State	e Hospit	เลไ	Marvl	and	
23 n	BURIAL, CREMATION,	23b, DATE		23c NAME OF	EMETERY		ARM W Totals		ON (City or Town		(County)	(State	e)
B	REMOVAL (Specify)	4-6	-68	Hill					Apol	15	HIT.	141	5_
24	FUMPRAL DIRECTOR	0'11	1	ADDRESS	1	14	2Sa REC'D B	Y REGISTRAR	25h REGIS	WAR S S	MATURE	det.	
A	V MI To	· The Tre	Lexia 1	1 dillano	1. 1	VIAN.	DUTA PR	Q 15	168		1	0	

VR A15 (4) ~ 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05662 95664 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20. DATE DE DEATH / 2b. HOUR requires that the death certificate be executed within 24 haurs after death. and (Type or print) physician and completely filled in by the funeral en please remove carban papers. Pages I and offer SEX 4. RACE S. DATE OF BIRTH MONTHS DAYS HOURS 70. B.RTHRUCE (Stote or foreign 76 CITIZEN OF WHATA 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED | DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital JSUAL DCC PATION (Kind of work done 125 K NO OF BUSINESS OR etworking life, even if cetired.) give street oddress) INDUSTRY event, (Where deceased lived, if institution: lies degree before 13e STREET AND NUMBER JI3d. INSIDE CITY LIMITS? 13b COUNTY NO N ar removal, and in any 14 FATHER'S NAME S WOTHER'S MAIDEN NAME First Middle Lost Middle LOST 166. SOCIAL SECURITY NO Address or unknown) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY Myocar IMMEDIATE CAUSE (o) cremation, DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove t burial-transit rise to immediate cause (o), à DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed t PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the prior to b O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206. IPPES, WERE FINDINGS CONSIDERED IN CERT FYING CAUSES OF DEATH? YES 🗔 NO 🗔 far use of Health be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) be detached 21e. PLACE OF INJURY (AT MOME, FARM, STREET FACTORY) 21f LOCATION STREET OF RED NO 21d INJURY OCCURRED State City or Jown County While Not whe at work at work TENDING 22c. I certify that (I) (this hospital) attended the deceased from 19 (S) and that in (my) (our) apinion death occurred an the date and have and from the saw the deceased alive an shauld auses stated abave, (1) (we) (did) (did not) view the body after death 226 SIGNATUR 22c DATE SIGNED ATTENDING PHYS director, page 3 shauld be filed v DEGREE DIRECTOR Page 4 may t 22d PHYS CIAN'S 22e ADDRESS NAME (Type) (County) 30M REV, 1/68

190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

County State

While Nat while at work 220. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 4/10 19.68, and 4/3 19\_68\_, to\_\_\_\_4/10 1968, and that in (my) (our) opinion deoth accurred on the date and hour and from the saw the deceased alive an.... couses stoted above. (1) (we) (did) (did not) view the body ofter death 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR

22d. PHYSICIAN'S NAME (Type) Benedict. M.D.

NAME OF CEMETERY OR CREMATORY

21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY, 1 21f LOCATION Street or R.F.D. No.

OFFICE BUILDING, ETC.

4/10/68

22e ADDRESS Crownsville State Hosp. Crownsville Md

City or Town

PHYS

Com.

23d. LOCATION (City of Town)

24 FUNERAL DIRECTOR

30M REV 1768

director, page 3

papers.

With

ar removal, and in any event,

crematian,

burial-transit

as the prior ta

Health far use

filed with the

afte⊪≣ing has been

by the haspital

be retained

FUNITAL FIRECTOR: After this certificate

physician and campletely filled in

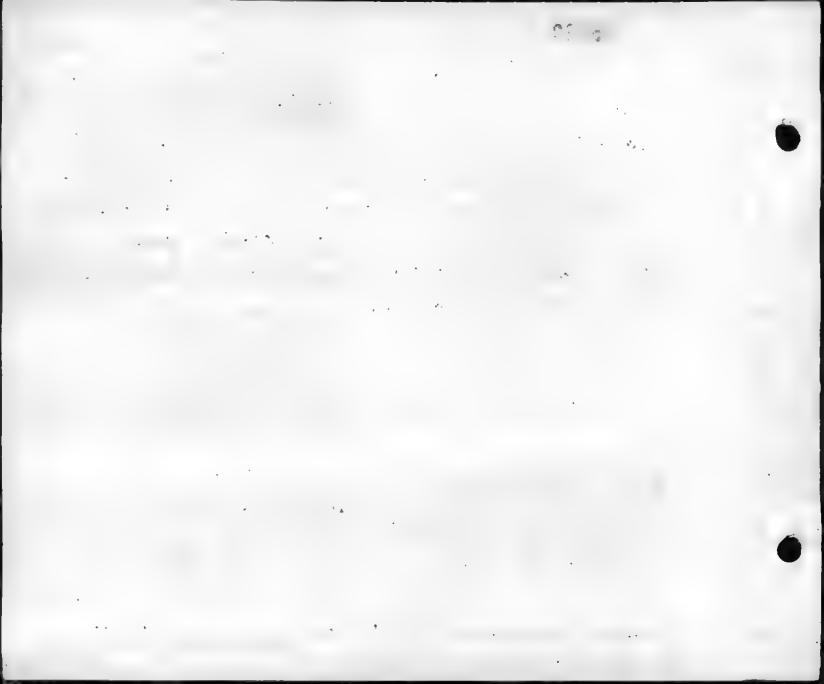
the attending physician and campletely I sit permit. Then please remaye carban

requires that the death certificate are executed within

VR A15 (4)

23a. BURIA., CREMATION REMOVAL (Spec fy)

DEGREE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05064 CERTIFICATE OF DEATH 05066 Last 2b. HOURP DECEASED-NAME First Middle 2a DATE OF DEATH April (Type or print) ELDRED George 6 AGE (In years IF UNDER 1 YEAR 4. RACE 5. DATE OF BIRTH last birthday) MONTHS CAYS HOURS bon popers. Pr. within 72 haur 9. COUNTY OF DEATH 7a. B RIHP ACE (State or foreign 76 CITIZEN MARRIED NEVER MARRIED DIVORCED [ Anne Arundel County requires that the death certificate be executed within 24 campletely filled O CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g JUSUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR MOUSTRY pleose remove corbon ONS event, 13a. USUAL RES DENCE (Where deceased lived, if institution, Residence before CITY OR TOWN T3d. MSIDE CSTY JUM TS? 3e STREET AND admission) STATE 13b. COUNTY NO 14 FATHER S NAME Middle Last HER'S MAIDEN NAME FIRST 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO INFORMANT Address Yes, na, grunknawn) { (If yes give war or dates of service) APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HEWEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) buriol-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause buriol, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 90 DATE OF OPERATION 95 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING s certificate hos CAUSES OF DEATH? YES | NO X 21a ACCIDENT WAS UNDERLYING 216 TIME OF NIJRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) jo OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year of P.M. (If either, natify medical examiner) detached 21d INJURY OCCURRED 21a. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while at work at work Page 4 moy be retained by the OFILIERAL DIRECTOR: After CO. 19 22a | certify that (1) (this haspital) attended the deceased from 1964, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive an should causes stated above, (1) I've) (did) (did pt) view the body after death. 226. SIGNATURE 22c DATE/SIGNED ATTENDING PHYS STAFF PHYS DEGREE director, page should be filed DIRECTOR 22e. ADDRESS 22d PHYS CIAN S Southgate Avenue, Annapolis, M.D. NAME (Type) Anderson, M. D. Albert 23 NAME OF CEMETERY OR CREMATORY 23a\_B\_RIAL, CREMATION VR A15 (4) DATE



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	T⊹	en#13a,b,c,e,Fi_m#MEDICAL'EXAMINER'S CERTIFICATE OF DEATH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HEALTH DEPTR	7	DECEASED NAME First Middle Lost 20 DATE KNOWN Month C	Doy Year 2b. HOUR
≈ ± € (1)	<b>]</b> ) (	lyoe or Print) OF F(T)	1 165 PM
Ty delay is 1, 2, and 3 to m PM3. Page	3 3	EX 4 RACE 5 DATE OF BIRTH 6 AGE 1-10 years 1 Judger 194 18 15 UNDER 24 HRS 20 DATE PRONOUNCED DEAD lost burthdoy) MONTHS DAYS HOURS MIN Month 4 Day 2/	Yeor 1965 12 M
2, 2 Par	<b>7</b> 70	B RTHPLACE (State or faleign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	17 M
e De	(an	Louisa, Va. USA WIDOWED DIVORCED TO P. M. CO.	Md
death e Pinges with far			26 KIND OF BUSINESS OR NDUSTRY
ive for the		Printer	
s after death  18. Give Pinges 1,  e in and with farm  2 with the State De  death.		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (TY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBERS) 1. dmission) STATE 22201 13b (OUNTY ton County A Lington YES NO S. 144444444444444444444444444444444444	N. Jackson st
haurs Item 18 Office 1 Iand 2 v	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Losi
2 2 2			nealor
within 24 Topenal in Examiner's File pages 72 haurs			N. Jackson St
Exor File	-	Anneal 1et Korea  5//-30-0210   Otis F. Fleshman Arlingt	on, Virginia
be Executed with The mode of the Manage of t		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  ALTHORY CAUSED ST	BETWEEN ONSET AND DEATH
e Execution pending of Madic		DUE TO, OR AS A CONSEQUENCE OF	Secretary.
d be Executed d'pending Chief MEdical Chief Medical transit permit y event within		Conditions, if any, which gove rise to immediate cause (a). (b)	
should be every the chief of the chief		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho ne w ne th ne th		los1.   (c)	
is certificate should te writing the ward farward@d ta the C e used as a buriat-tr remaval, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certifica writing orward=c used as maval, a	TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
2 2 2	CERTIFICATION	WAS PERFORMED?	YES NO.
fra pe pe que que que que que que que que que qu	MEDICAL CER	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P M 19  21b TIME OF INJURY Month, Day, Year HOUR A.M. P M 19	n 18)
	MED	21d NJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, white mot white factory, office building, etc.) 21f ¿OCATION Street or R.F.D. No. (ity or Tawn	Caunty State
5 B 74 (		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , Inquiry	and in my opinian
KCTL   e exector for Popularial burial		deoth resulted from: Natural causes , Accident , Suicide , Homicide Undetermined manner	
ease irect aine NRE		CHIEF MEDICAL EXAMINER	_3
resulty, rlease exe et funeral director may be retained freumay be retained freumay be retained freuman prior to buri		SIGNATURE ASS STANT MEDICAL EXAM NER 226. DATE SI	GNED
cestary, I cestary, I cestary, I cestary, I cestary, I cestary, I cestary be represented the cestary of the ces		EXAMINER)	21-68
ra alpur becsarry the funer 5 may be 10 FUNER Health p	72-	and the second s	THEU.
=	230	REMOVAL (Speafy)	County) (State)
	24	Burial 1/25/1968 Columbia Gardens Cem. Arlington, Vir	
VR A15ME [5] 30M REV 1268	F		arles Judge

:

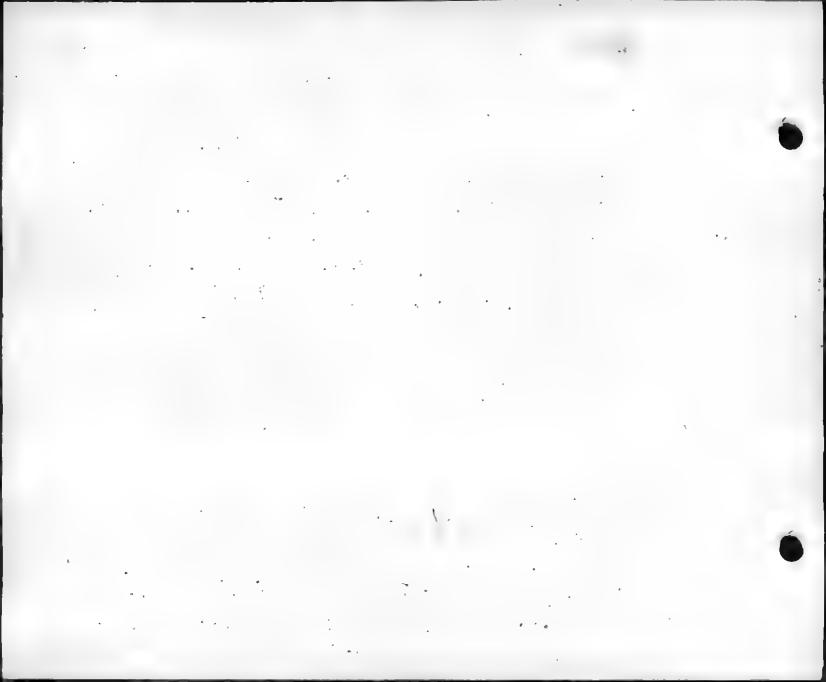
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05066 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH First 2b. HOUR OFFICE AS death law requires that the death certificate be executed within 24 naurs after death (Type or print) physician and campletely filled in by the funeral ion please remave carban papers. Pages Land Month SEX 4. RACE DATE OF BIRTH 6 AGE (In years IF UNDER , YEAR IF UNGER 24 HRS last-bithday) MONTHS HOURS UL! remave carban papers. Pag n any event, within 72 hours 7o. BiRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH NEVER MARRIED DIVORCED [ WIDOWED 20 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired ) INDUSTRY 130 USUAL RESIDENCE (Where deceosed lived, f institution, Residence before 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES 🔲 NO Ave: 21090 and in any 14 FATHER'S NAME Middle Lost MOTHER'S MAIDEN NAME First Lost signed by the attending physician obvial-transit permit. Then please burial, crematian, ar removal, and is 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates at service) 219-10-2380 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) C.for CKALO rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) aftending | os the prior to b O FUNERAL DIRECTOR: After this certificate has been 19o. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use YES 🗌 NO I 'Page 4 may be retained by the hospital ar 210 ACCIDENT WAS UNDERLYING OR ATTENDING PHYSICIAN: 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year <del>j</del>o (If either, notify medical examiner) P.M. detached director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY County Stote City or Town While Not while of work 22a I certify that (I) (this hospital) attended the deceased fram 1966, to 4/ saw the deceased alive an 4/ 1825, and that in (my) (aur) opinian death accurred on the date and hour and from the causes stated above. (1) (we) (did) (did nat) view the bady after death 22b, SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230 BURIA., CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY 23€ 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Olive FUNERAL DIRECTOR 25o, REC'D VR A19 14 30M REV. 1/68 Loring Byers, 8728 Liberty Rd: Randallstown Vilianes Judge DATE

J. , . . . .1 ,

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4		056	G5667 CERTIFICATE OF DEATH														
124		CEASED-NAME ype or print)	Fire	st	Middle		Lost		20. DATE OF	DEATH Month	Dov	Yeor		2b. HOUR			
E 8 8			Andre				Geisse			April	7 1	968	6	6:25M			
affer of	3. SE.	X		4 RACE			S. DATE OF B	1RTH -93		6. AGE (In year lost birthdoy)		MONTHS DA		NDER 24 HRS JRS MIN			
T Sin	7 0	male			ite	To	9-1	-83	COUNTY OF	74	YRS.						
n S.S.	coun		J	76 CITIZEN OF W	HAT COUNTRY?	MARRI WIDOW	ED NEVER MAI	RRIED 🗍									
led ogpe in 72	10 €	Germa		USA	AME OF HOSPITAL OR IN		Longil		A A	(Kind of work	dane	12b KIND	OF BUSIN	Md NESS OR			
physician and completely filled in by the please remove carbon papers. Per oval, and in any event, within 72 hours			Burnie	give	street oddress) North Arun		•	during mo	st of working	life, even if ret	ired)	INDUSTR	1				
rarb carb	130	USUAL RESIDENC		ased lived, if institut	tion Residence before	13c. CITY	OR TOWN	13d. INSIDE CITY LIM	ITS? 13e STI	REET AND NUMB	ER						
omp yve /	admi	ssion) STATE	Md.	13b. COUNTY	alt.	Bald	timore	YES NO	60.	S. Pa	ysor	St.					
ician ond co	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle													ost			
eose randin	16g. WAS DECEASED EYER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address																
pleo J, ar		WAS DECEASED es, no or unknow		RMED_FORCES? I war or dates of service)	16b. SOCIAL SECURITY	, .	7 8 1001	Add		Burn	in 1	ud					
by the ottending phy tronsit permit. Then crematian, or remova	NO FAMILY 3 BIRCH AVE - CL											APP	ROXIMATE II				
by the ottending phy ronsit permit. Then cremation, or remova			8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:														
ermi n, or	П	3.38 / IMMEDIATE CAUSE (a) TUCKED F															
it pi	П	Conditions, if ony, which gove															
signed by the burial-tronsit burial, crema		rise to Immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF															
	Ш	lost.		(c)	<u> </u>							1					
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)															
os the	II0	19g DATE OF OF		h CONDITION SOP WE	IICH OPERATION WAS P	DEUDWED	20c. AUT	DEV2	70h JF	YES, WERE FINE	INGS EN	NSIDERED I	N CERTIF	VING			
icote hos been for use os the Health prior to	CERTIFICATION	170 DAIL OF OF	EKATION 117	D. CONDITION TOK TI	IICH OFERRIION WAS I	LKI GKINLO	YES			OF DEATH?		IES-DERED .	T CERTIT	THO			
certificate has thed for use o		210 ACCIDENT					. HOW INJURY OC	CURRED (Enter	nature of injur	y in Part 1 or F	Part 2, It	em 18.)					
F 문 문 문 문 문 문 문 문 문 문 문 문 문 문 문 문 문 문 문	<b>■EDICAL</b>	(If either, natv		niner) P.M.	' 1	9											
s ce oche ept.		21d NuJRY O	CCURRED 21	e. PLACE OF INJURY	( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC	CTORY,) 21	. LOCATION Stre	et or R.F.D. No.	City	or Town		County		State			
det det		While Not at work at	work	1 1 / 1 1	1 1 1	1,	4/5	196	0	deal of	10	18	-1 (1)	( ) 1 .			
After J be c Stote	П	saw th	t <b>is</b> qeceased List that (1) (:	alive on	ended the leceos	led Kom.	ond that in (m				_, !Y he dot	ار بالکرد e ond ho	ur and	(we) lost			
# Sold		conses	stated aba	ve, (1) (we) (di	(did not) ew the	bady of	er death.	77 (									
S S S S S S S S S S S S S S S S S S S		226 SIGNATUR		X 12 20	2.11.050	UM.	ATTENDI			STAFF	22c D	ATE SIGNED	7/6	P			
ege per		22d. PHYSIC A		1000	church,	1 - 4 1		DRESS 3 22	RECTOR L	PHYS L	× 17	N 750	ells	23			
FUNERAL DIRECTOR: After this certification, page 3 should be detoched ishould be filled with the Stote Dept. of		HAMPHA	(mg	1.15. KA	MIRE	2-1	41)		- Honfor		w	Su	th 2	07 6.13			
director.	23a	BURIAL, CREMA		DATE			OR CREMATORY		23d LOCATIO	N (City or Town	1)	(County)	(S	itote)			
2 = 5	9	REMOVAL (Sp.		PR. 10-6	Charles and		ill Car		Ball		225						
VR A15(1)	24.	FUNERAL DIRECT		0.1	ADDRES		Aug , 2122	2Sa. RENDE	GREGISTON 1	968 REGU	THE .	GNATURE	Judy	pe.			
SWYLEY LESS		m 14 1.	gerban tu	werd Here	-4200 Penn	7	_	DATE		- 4		- 0	0				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05068 CERTIFICATE OF DEATH 26. HOURD DECEASED NAME First Lost 20. DATE OF DEATH (Type or pant) Ella. GEMMILL 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR he law requires that the death certificate be executed within 24 habris after lost birthdoy) Female White April 4, 1894 MONTHS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH (oun'ry) Nebraska U.S. WIDOWED D buriol, cremation, ar removol, and in ony event, within 72 DIVORCED | Anne Arundel 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR NDUSTRY Seamstress Anne Arundel Gen Hosp during most of working life, even if retired.) Annapolis 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d HISIOE CITY LIMITS? 13e STREET AND NUMBER 374A Aberdeen Rd. Rt 3 14 FATHER S NAME M ddle 15. MOTHER'S MAIDEN NAME First Johnson John Hannah Johnson Aberdeen R 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (If yes give war or dates al service) Yes no or unknown) 4892 Mrs. Katherine Hanson 212 01 Rt 3 Anna. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) \_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-tronsit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) allio relevas O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the chaudd he filed with the State Dept. of Health prior to 20b. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 90 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO 🔲 210 ACCIDENT WAS UNDERLYING 216 TIME OF NURY 21c HOW INJURY OCCURRED (Enter notice of niury in Port 1 or Port 2, Item 18.) OR CONTRIBLTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f LOCATION Street of R.F.D. No. City or Town 21d. INJURY OCCURRED While Not while of work 220. I certify that (i) (this hospital) attended the deceased from 4/1, 1962, to 4/6, 1962, that (i) (we) lost sow the deceased alive an 1963, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (i) (we) (did) (did) not) view the body after death. 22b SIGNATURE 22c DATE SIGNEDA DEGREE DIRECTOR 22d PHYS.CIAN S 22e ADDRESS NAME (Type) churell 121 Cathedral St., Annapolis, Md. GLTLIM A 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. 235 DATE (County) (Stote) Dorsey Maryland 10 1968/Meadowridge Cem. 250 REC D BY REGISTRAR 256 REGISTRARS SIGNATURE 24 FUNERAL DIRECTOR 1212 West St. Anna DATE APR Funeral Home

>  $\Gamma$ 

## MARYLAND STATE DEPARTMENT OF HEALTH

h 050	On E	IO NOISIVIC	F VITAL RECORDS,	, 301 W. P	RESTON ST	REET, BALI	TIMORE, I	MARYLAND	21201		8- 43
) 500	0.4			CERTIFIC	ATE OF	<b>DEATH</b>					
1. OECEASED NAME (Type or print)	First MICTAEL	GERAC	Mrddle Mrddle	2	Lest	the	APT	IL 9 Mant	Day	Year	26 HOUR 201:5P
3. SEX		4. RACE CAU	U		5 DATE OF S	IRTH ()	901	6. AGE (I	n years thaay) YRS	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN
7a. BIRTHPLACE (State South of the Company)	e or fareign 7		STAT IN	WIDOWED	L	RCEO 🗌	ANE	OF DEATH ARULD			M
FT. ILALE,	, L.D.	giye		all mos			nast of war	ON (Kind of ing ite, even	if retired)	INDUSTRY	BUSINESS OR
13a USUAL RESIDENC adm ssian) STATE	E (Where deceased	lived, if nstitu 13b_county_	ition: Residence before	13c CITY OF		YES TO N	Pa /	STREET AND		E #7	
14 FATHER S NAME	First	Middle	Last	1	S MOTHERS M	AIDEN NAME	First		Middle		Lost
PARTRICK	GURATUT	<u> </u>			TATAL	Liv Id	TUGII				
16a. WAS DECEASED Yes, na, or unknow		D FORCES? or dates of service)	16b. SOCIAL SECURITY		INFORMANT				Address		
YLS	المالية المالية	11-	215-40-95	33 16	) مِنْ وَأَرْهِ	MY 55.	3 Dord	LSLIP	elle e	PASALL	CMATE INTERVAL
	ATH SIZE CALICED I	nv .	line far (a), (b), and (c METASTATIC		TOLA						ONSET AND DEATH
1550			AS A CONSEQUENCE OF								
Canditions, if a	ny, which gave)	,	ADENOCARCT		F TIEO	ARCAT.	WAT.WE	3		32 M	os.
	ate couse (a),{ derlying couse(		AS A CONSEQUENCE OF								
last 15 3	, , ,	(c)									
PART 2 OTHER	SIGNIFICANT COND	ITIONS CONTRIB	UTING TO DEATH BUT I	NOT RELATED T	O THE TERMINA	L DISEASE OR	CONDITION	GIVEN IN PART	1(a)		
STO.AL	ULCER WI	IIII BLA	IDT.,3	IRT IA	RY OBS	B.CTT	נומ				
190 DATE OF OP	STO. AL ULCER WITH BLILDIA URL ARY OBSTRUCTION  196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?  YEST NO CAUSES OF OBATH?  216 HOW INNERLY OCCURRED (Forer paper of inner up part 1 or Part 2 them.									ONSIDEREO IN	CERTIFYING
	WAS UNDERLYING	21b. TIME (			OW INJURY OC	CURRED (Ent	er nature of	injury in Part	1 or Part 2, 1	item 18)	

19

(If either, natify medical examiner) P.M. 21d INJURY OCCURRED
While Nat while at wark ( AT HOME, FARM, STREET FACYORY, ) 21f. LOCATION OFFICE BUILDING, ETC. 21e, PLACE OF INJURY

Street or R.F.D. No.

City or Town

State

220. I certify that (I) (this haspital) attended the deceased from 20 HARCL , 1968 , to 9 APATT, , 1968 , that (I) (we) last saw the deceased clive an 9 April 1968, and that in (my) room apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

CEMETERY OR CREMAPORY

22b. SIGNATURE

ATTENOING PHYS

MED. DIRECTOR

STAFF

22c DATE SIGNED 4-9-68

(County)

County

22d PHYSIC AN S NAME (Type)

DATE

22e. ADDRESS

23a. BURIAL, CREMATION REMOVAL (Specify) H-PUNERAL DIRECTOR

25a. REC D BY REGISTRAR

VR A15 14 -

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page strongly be filled with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the content of the conte

DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME Middle 20 DATE KNOWN Month 2b. HOUR Dov Yeor (Type or Print) ESTI-OF Page DEATH MATED ment 6 AGE in years FUNDER YFAR IE UNDER 24 HRS 3 SEX 4. RACE S DATE OF BIRTH 2c DATE PRONOLINGED DEAD 2d HOUR P.M3. HOURS MIN Month Doy YRS To BIRTHPLACE (Stote of Joreian CITIZEN DE-WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH-(ountry) WIDOWED DIVORCED X Give Pages with the Stat after death alang with ATT OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (It not in hospital 120 USJAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired ) INDUSTRY death. 13d INSIDE CITY LIM TS2 130 LSUAL RES DERCALMaere deceased lived, if institutions Residence before 13e STREET AND NUMBER odmiss on) STATE 13b COUNT YES X NO l and 2 v Item I Office after 14. FATHER'S NAME MOTHER'S MAIDEN NAME M ddle .⊑ haurs Examiner's pages INFORMANT pencil L.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) File APPROX MATE INTERVA. = within be Executed .8 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) permit. farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if any, which gove rise to immediate couse (a). certificate sho≡ld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. .5 pup PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) D 20 remayal, nsed 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 þe 210 EXTERNAL CAUSE WAS 3 shauld l Ь 21b T ME OF INJURY Month, Dov. Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 4 should MEDICAL HOUR A M. PRIMARY OR CONTRIBUTING crematian, EXAMINER: P.M. CAUSE OF DEATH 2 d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. C ty or Town County State FUNERAL DIRECTOR: Page foctory, office building, etc.) AT WORK AT WORK Page burial, 22a. I certify that blook charge of the remains described above, held an Autopsy Inspection -Inquiry and in my apinion Undetermined manner death resulted Mataral\_couses Accident Suicide Hamicide p CHIEF MEDICAL EXAMINER priar t ACTUAL 22b DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER May **EXAMINER'S** Health ADDRESS(Street, city, town, or county) NAME (Type) 90 230 BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY AT ON (City or Town) (County) 24 FUNERAL DIRPUTOR 25o REC D BY REG STRAR VR A15ME (5) 10M REV 1768



95071 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05675 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR by the lund is Pages Tand is (Type or print) Dov Year 4 RACE 3 SEX BATE OF BIRTH 6-AGE (In years IF UNDER I YEAR IF UNDER 24 HRS requires that the death certificate be executed within 24 haurs after last birthoay) MONTHS ] illed in by papers page 72 haurs af 8. MARRIED 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED country) WIDOWED DIVORCED [ completely filled within NAME OF HOSPITAL OR INSTITUTION (14 not in Proportal 10 CITY OR TOWN OF PEATH 12a USUAL OCCUPATION (Kind of week done 12b KIND OF BUSINESS OR give street address during most af working life, ever if yet red.) INDUSTRY carban 602 and in any event, 13a LSJAL RESIDENCE (Where Deceased lived of institut and Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c CTY OR TOWNS **EOUNTY** remove 14 FATHER'S NAME S. MOTHER'S MAIDEN NAME First M ddle Middle Last pub physician ( nen please please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SPCURITY NO. 17 INFORMANT Address (If was give wor or dates of service) Yes, na. or unknown) signed by the attending physical burial-transit permit. Then plantial, crematian, or remaval, SOM Ohec 18. CAUSE OF DEATH (Enter array one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF by the hospital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health priar to b O FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? ATTENDING PHYSICIAN: The YES 🗀 NO T 216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year detached f te Dept. af I (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No Stote City or Tawn County While Nat while at wark State ( 22a. I certify that (1) (this hospital) attended the deceased from 19 that (I) (we) lost saw the deceased olive an and that in (my) (our) opinion death occurred on the date and hour and from the be retained director, page 3 shauld shauld be filed with the causes stoted above, (1) (are) (did) (didnet) view the body ofter death. 226 SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR DEGREE PHYS PHYS O HOSPITAL PHYSICIAN'S 22d. NAME (Type) 23a BURIAL, CREMATION 23b DATE 23c NAME OF GEMETERY CREMATORY DCATION (City or Town) (County) REMOVAL (Specify) oulden 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR 2Sb 30M REV 1768 BURME DATE APR

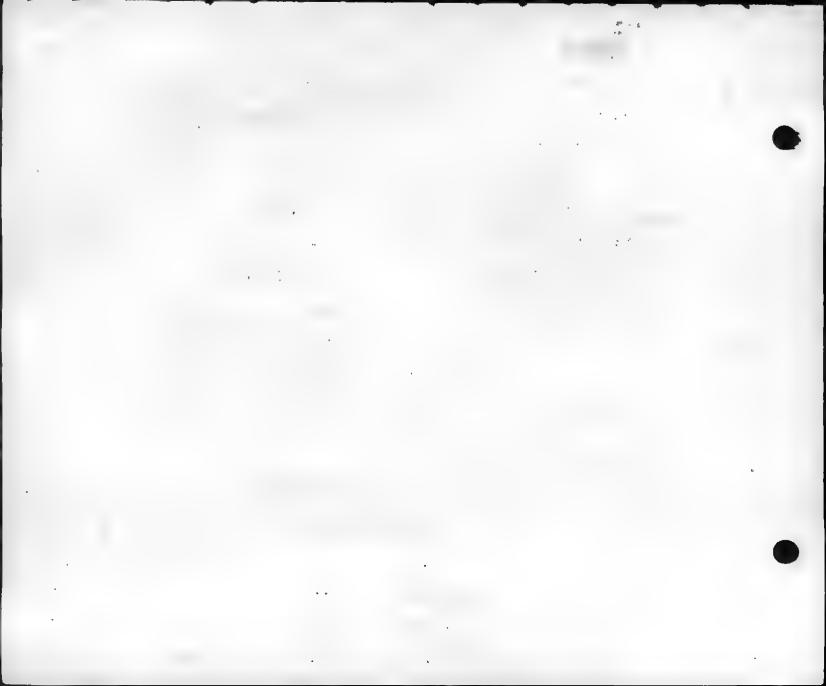


TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FINIRIL BIRECTOR: After this certificate has been signed by the attending hysician has completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Perhould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

> VR A15 (4) 20M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH

1.	PLACE OF DEATH					2. USUAL RESIDENCE	CE (Where de			idence before admi	ission)
	A			MARYLA	ND :	Matate		b. cour	MA Co		
	b. CITY DR TOW write RURAL	N (if outside corr and give nearest	porate limits,	c. LENGTH DF STAY I	N 1b	c. CITY OR TOWN (IF	outside cor	porate limits, wr	ite RURAL a	nd give nearest	town)
	rasadena					Pasade	ana				
-			UTION (if not	in hospital, give street add	iress)	d. STREET ADDRESS				e. IS RESID	ENCE
"	7916 West	End Dr				7916 West	End D	r			0 2
3.	NAME DF		First	Middle		Last	4. DATE	Mont		Day Year	
_	(Type or print)	Robert		J		Gwilliam	DF DEATI	Apr	19	19 6	8
5.	SEX	6. COLOR OR RA	CE 7. MARR	IED NEVER MARRIED		. DATE OF BIRTH	9.	ACE (In years last birthday)			Min.
Ma	ale	Cau	WIDDY	VED DIVORCED		Jan 22,1898		70 yrs.	Mondis	lays Hours	1411111
10a dui	I. DSUAL OCCUPAT	ION (Cive kind of v ng life, even if re OI	vork done 10 etired)	b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Co	ounty & State	, or foreign country	12. CIT	IZEN OF WHAT	
13	. FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME	-			
	Edw	ard Gwil	lliam			Emily	Jones				
15	. WAS DECEASED !	VER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT		Addres	S		
l '''	No magmin	(11 Jes give war er ui	ates or service)		]	Pamily		Sar	10		
	18. CAUSE DF	DEATH [ Enter on!	y one cause p	oer Jine for (a), (b), and (c).	1				1	INTERVAL BETW	VEEN
	PART I. DE	ATH WAS CAUSED		Pneumon	it	15				ONSET AND DE	AIH
			DUE TO			^		/			
	Conditions, If	any, which	(b) (	arcinomo		of The L	-unal	Bronchos	enic	18 mo	5.
	gave rise to cause (a), st		DUE TO								
	underlying caus	aring the	(c)								
NOI	PART II. OTHER S	IGNIFICANT CON		RIBUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	) ISÉASÉ CÓN	DITION GIVEN IN	PART 1(a)	19. WAS AUTO	OPSY ED2
ICAT											0 150
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	C 201	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	injury in P	art   or Part    o	f Item 18.)		
	(IF EITHER, NDT	NG CAUSE DF IFY MEDICAL EX	AMINER)								
CAL		NJURY Month, D	ay, Year   20	d. INJURY OCCURRED   20		E OF INJURY (Home, fa y, street, office bldg., e		(City or town)	(Соил	ty) (Sta	ite)
MEDICAL	Hour a.m		19 W	hile Not While work at work	Tactor	J, attect, onicopiug., e	(6.)				
			hoopital) att	ended the deceased fro	m `	JAN 1	964 to	A-Pr. 19	1968	_, that (I) twe	+ last
		eased alive on	4/			death occurred at 1	ZAM, fr				
	22a. SICNATUR	E	2	1 *						TE SICNED	
				till	M.D	PHYS.	MED. DIRECTOR	STAFF PHYS.	4-1	9-68	
ш	22c. PHYSICIA NAME (T					22d. ADDRESS		00	P		
							MALL		IA-CAL	~	/* ==
238	BURIAL, CREM REMOVAL (Spe Burial	ATION, 23b. DA	THEREOF	23c. NAME OF CEM			23d. L(	DCATION (City, to	wn or cour	ity) (State	e)
1		1 1 1	/22/69	Moreland	Mer			altimore		Md	
h <sup>24</sup>	. FUNERAL DIRE	CTOR	10 0	ADDRESS	an	25a. REC	C'D BY RECI	STRAR 250. RI	GISTRAR'S	SICNATURE	
11	c till	4 1- H.	ンゴー	Talapiero	w	DATE A	K 2.2	1968/	Chary	By Jana	
, ,		/	, ,	2/	2			- 17		U	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05078 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b HOUR (Type or print) Yeor Elizabeth Gertrude HARNER Apri 7 4. RACE S. DATE OF BIRTH 8. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 3. SEX lost birthdoy) MONTHS HOURS physician and completely filled in by the CMA 2-9 COUNTY OF DEATH 7a BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED Anne Arundel or remayal, and in any event, within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a LSUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR law requires that the Beath certificate be executed within during most of working life, even if retired } INDUSTRY NNAPOLIS OUSC WILE 13c CITY OR TOWN 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 14. FATHER'S NAME Middle Lost 10 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN Yes, na, or unknown) ( flyes give war or dates of service) IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MMED ATE CAUSE (c) signed by the atter burial-transit perm burial, cremation, o Canditians, if any, which gave rise to immediate cause (a). DUE TO, OR stating the underlying cause PART 2 OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) the haspital ar attending as the prior tal O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING JAPPACCONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190 DATE OF OPERATION CAUSES OF DEATH? for use YES [ Health 216 THAP OF NURY 21c HOW INJURY OCCURRED (Enjet noture of injury in Part I or Port 2 Item IB.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. be detached for State Dept. af H (If e ther, notify medica examiner 218 PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY, ) 21d. INJURY OCCURRED 21f. LOCATION Stote Street or R.F.D. No. City or Town County OFFICE BUILDING ETC. While Mat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 15-11-11 1968, to 4-8 4-8 1985, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an be retained 3 shauld causes stated above, (1) (we) (did not) view the body after death, 226 SIGNATURE 13017 DEGREE PHYS DIRECTOR PHYS director, page should be filed

VR A15 (4) 30M REV. 1/68

Page 4 may

22d. PHYSICIAN S

NAME (Type

BURIAL CREMATION

23c NAME OF CEMETERY OR (REMATOR)

22e. ADDRESS

250 REC'D BY REGISTRAR

23d LOCATION (City or Town)

REGISTRAR'S SIGNATURE

(County)

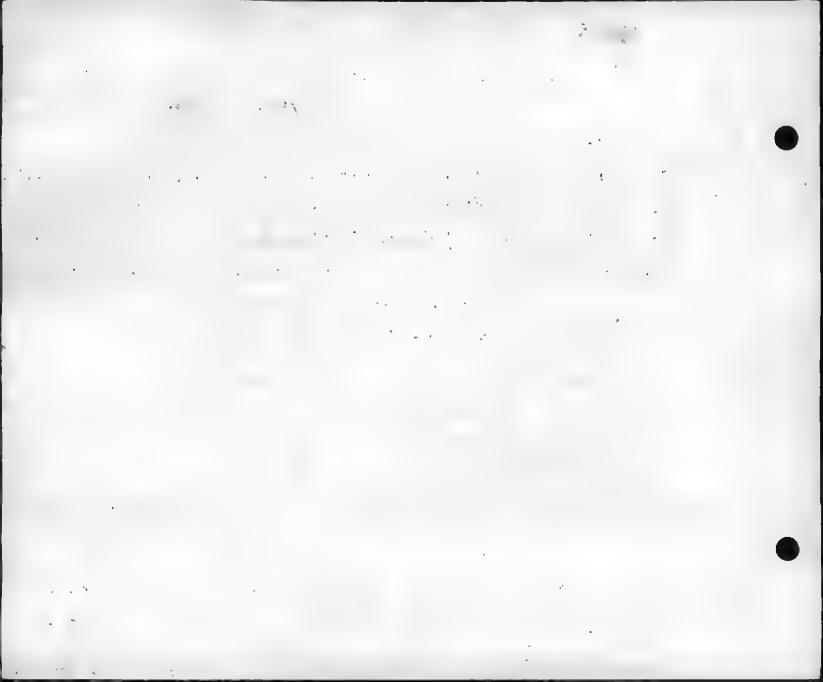
(State)



Condemnators 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	05674 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	FANG
HEACTH DEPT.	1 DECEASED NAME First Middle Lost 2a. DATE KNOWN To Month Day	Year 2b HOUR
si ya	(Type or Print) CATHY-PARE HARdesty DEATH MATED # 25	A A
a a ge	3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (in years funder 1 YEAR F UNDER 24 HRS 2c DATE PRONOUNCED DEAD Months DAYS HOURS Min Month 4 Day 2 Year	2d HOUR
Deporti	70 BIRTHP ACE IState or foreign 76 CT.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9, COUNTY OF DEATH COUNTRY) D. S. F. C.	, , , , ,
after deoth Sive Poges olong with for with the Stote leoth		OF BUSINESS OR
s affer 18 Giv 1 olong 2 with tl death	13a USUAL RESIDENCE (Where deceosed lived, if institution Residence before 3c CITY OR TOWN 3d. MISIDE CITY UM 152 13e STREET AND NUMBER admission) STATE 13b COUNTY 17. DIVIDSOLVILLE YES NO NO	7007
hour Item Office I and 2	14. FATHER'S NAME First Middle / Last Is MOTHER'S MAIDEN NAME First Middle	last
uted within 24 g in pencil in cal Examiner's mit. File pages ithin 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO 17. INFORMANT RESTON M. HARDESTV # 13	
executed with an area of the confidence of the c	BETWEE DATE WAS IN COLSE PER LINE FOR (G), (D), OND (C) BETWEE DATE IN CASE THE WAS IN A SEED BY	PROXIMATE INTERVAL TEN DISET AND DEATH
¥ d t	Canditions, if any/which gave )	
should be eneword Tperior the Chief of the C	nse to immediate cause (a).  stating the underlying cause last	
rate ng th led 1	PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(0)	
its certificate, writing to, writing forworded or cemoval as cemoval as	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	ALTOPSY?
tifica tifica Id be uld b	210 EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING HOURA M.  210 TIME OF IN URY Manth, Day, Year PRIMARY OF OR CONTRIBUTING HOURA M.  210 TIME OF IN URY Manth, Day, Year PRIMARY OF OR CONTRIBUTING HOURA M.  210 TIME OF IN URY Manth, Day, Year PRIMARY OF OR CONTRIBUTING HOURA M.  211 TIME OF IN URY MANTH, Day, Year PRIMARY OF OR CONTRIBUTING HOURA M.  212 TIME OF TOWN TOWN (At home form street)  213 TIME OF TOWN TOWN (AT home form street)  214 TIME OF TOWN (AT HOME)  215 TIME OF TOWN TOWN (AT HOME)  216 TIME OF TOWN TOWN (AT HOME)  217 TIME OF TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	- LJ
EXAMINER:  ute the cert age 4 should your files. Page 3 should cremotion,	TABLE OF DEATH  LASSE OF DEATH  THE CAUSE OF D	State . MID
blose execution and director Page storing for your page of the pag		d in my apiniar
<u> </u>	ACTUAL  CHIEF MEDICAL EXAMINER  22b DATE SIGNED	
o DEPUTY necessary, p the funeral 5 may be re 0 FUNERAL Health prio	EXAMINER'S NAME (Type)  E. Linkerkett  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  A. M.	C8
To the He	230 BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)  REMOVAL (Speedby) 4-27-68 FT. LINCOLIV BLADENS BURG P.G.	(Stole)
VR A15ME 15,	ADDRESS Mas DATE APR 3 0 1968 PEGISTYARS SIGNATURE	4
	The state of the s	0 0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH 2b. HOUR DECEASED NAME First Middle ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death (Type or print) oud. 68 3:50pv Richard Harmon 4. RACE S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX 6 AGE (In years MONTHS HOURS physician and completely filled in by the en please remove carbon papers. Pages 9/7/1931 Negro bon papers. Pag. Male 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or fore gn. 9. COUNTY OF DEATH MARRIED NEVER MARR ED KENTIND USA WIDOWED DIVORCED Anne Arundel unknown 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR gve street oddress) Crowns ville State Hospital during most of working life, even if retired) INDUSTRY Crownsville LUO, event, 13e STREET AND NUMBER 130 LSUAL RESIDENCE (Where deceased lived, if instituting Residence before 13c CITY OR TOWN 13d. INSIDE CITY JANUTS? odmission) STATE 13b. COUNTY N Chestertown Unknown Maryland and in any 14 FATHER'S NAME Middle M.ddle Last 15 MOTHER'S MAIDEN NAME First ANN MON INIA Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address d by the ottending physici rransit permit. Then pleat, cremotion, or removol, a Yes, no, or unknown) (If yes give war or dates of service) Hospital Records, Crownsville, Maryland Unknown No Unknown 18 CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cardiac Arrest IMMEDIATE CAUSE (a) \_\_\_ DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit puriol, cremotic Conditions, if any, which gove) myocardial infarction rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF ottending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the has been 190. DATE OF OPERATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ NO . O FUNERAL DIRECTOR: After this certificate be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) jo OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M detoched Dept. 21d INJURY OCCURRED [ AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. State 21e, PLACE OF INJURY City or Town County While Not while at work at work 22a. 1 certify that-(1) (this haspital) attended the deceased from 7/7 , 1959 , ta 4/22 , 1968 , that (1) (we) last saw the deceased alive an 4/22/ 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the should causes stoted abave, (1) (we) (did) (did nat) view the body after death 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF , page 3 be filed DEGREE DIRECTOR PHYS. PHYS 22d PHYSICIAN S 22e ADDRESS Crownsville State Hospital, Maryland NAME (Type) Benedict, M.D. director, 23c. NAME OF CEMETERY OR CREMATORS 23d. LOCATION (City or Town) (Stote) BUR AL CREMATION (County) REMOVAL (Specify) hestertown LANES CEMELERY KENI REC'D BY REGISTRAR 24 EUNERAL>DIRECTOR 30M REV 1/68

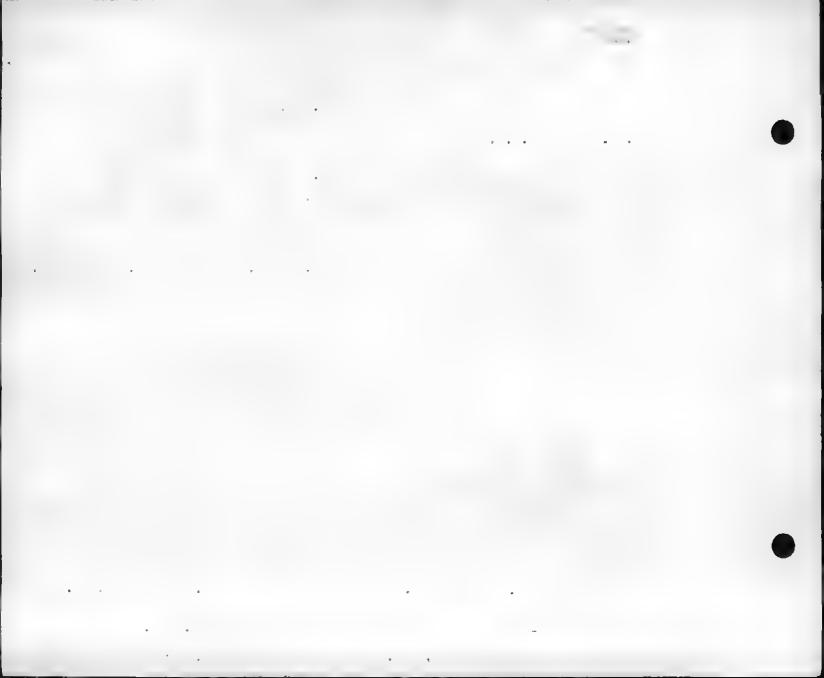


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05076 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 2a DATE OF DEATH 26. HOURD and 2 death. (Type or print) HELMIZE Martha 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR papers. Pag hin 72 hours o requires that the death certificate be executed within 24 haurs 7o BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED physician and campletely filled in DIVORCED [7] WIDOWED IX within 72 Anne Arundel NAME OF HOSPITALOR INSTITUTION (If not in hospital) LO CITY OR TOWN OF DEATH 12g USJA, OCCUPATION (Kind of work-done 12b KIND OF BUSINESS OR please remave carban 13d INSIDE CITY LIMITS? 30. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE 13b. COUNTY 14 FATHER S NAME IS. MOTHER'S MAIDEN NAME First Middle cast 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17\_INFORMANT Yes, no, or uhknown) (if yes give war or dates of service) WHAR crematian, ar remaval, APPROXIMATE INTERVAL signed by the attending burial-transit permit. The 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (g) Gram-negative septicemia day DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave ) (b) Urinary tract infection. E. coli & Herellia sp. ase to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 13 months (d) Inanition PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Atrial fibrillation are builtiple flaccid paralysis left arm correlations are considered thrombosis, Cerebral thrombosis, priar to b as the O FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? 80 Gangrene both feet & L. leg YES 216 TIME OF INLURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. shauld be detached 216. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21F. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from Feb 18, 1968, to April 4, 1968, that (I) (364) lost saw the deceased alive on April 4, 1968, and that in (my) (664) copinion death occurred on the date and hour and from the sow the deceased above, (I) (a) (d d) (a) view the body after death. be filed with the 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR ATTENDING STAFF PHYS. DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Charles W. 16 Murray Ave, Annapolis, Md. 21401 director, should 23st LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY FUNERAL DIRECTOR 250 REC'D BY REGISTRAR

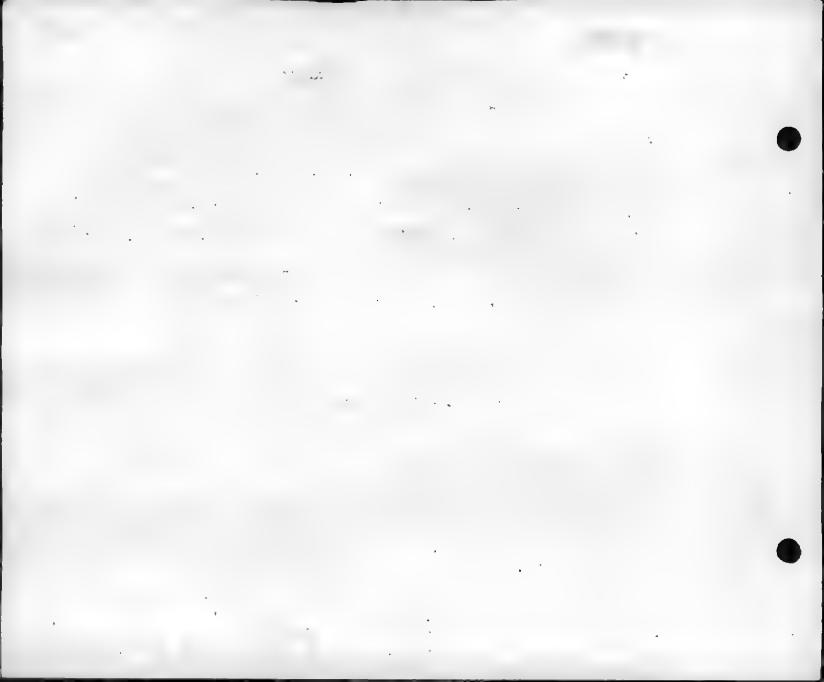


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b HOURP DECEASED NAME Middle Lost 2a DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) and Month Nettie HENDERSON Reaves 1968 10:10 M 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER YEAR IF UNGER 24 HRS. last birthday) physician and completely filled in by the nan please remove carban papers. Pages iaval, and in any event, within 72 haurs off MONTHS Female Aug. 12,1882 W 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S.A. WIDOWED A DIVORCED [ Anne Arundel 10 CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Annapolis General Hosp. during mast af warking life, even if retired.) INDUSTRY Annapolis 130 JSJAL RES.DENCE (Where deceosed lived if nstitution Residence before armold Maryland 13b (QUNY)

Arnold Maryland Anne Arundel 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER Anne Arundel YES T NO 111 Mage Vista Road, 14 FATHER'S NAME Middle 15. MOTHER S MAIDEN NAME First Lost Nancy Aikens George Reaves 160 WAS DECEASED EVER IN US ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, ar unknown) burial, cremation, or remayal, Helen H. Davis, Maga Vista Rd., Arnold. None signed by the attending burial-transit permit Th 18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY permit 2leri IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) haspital ar attending detached far use as the te Dept of Health prior to this certificate has been meenone 190. DATE OF OPERATION 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO XIX 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED AT HOME, FARM, STREET, FACTORY 1 215 LOCATION 21e PLACE OF INJURY Street or R.F.D. No. City or Town County Stote While hat while at wark director, page 3 should be de should be filed with the State TENDING 22a (certify that (1) (this knowled) attended the deceased from 196, and that in (my) (part) opinion death occurred on the date and haur and from the be retained by O FUNERAL DIRECTOR: causes stated above, (1) (we) (did) (didnet) even the body after death 22b. SIGNAFLR 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS Page 4 may 22d. PHYSICIAN'S 22e ADDRESS Richard N. Peeler, M.D. 121 Cathedral St., Annapolis, Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b DATE 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Lorraine Park Cometery Balto. Md. 24 FUNERAL DIRECTOR 4101 Edmondson Avenue 25g. REC'D BY REG STRAR 25b\_REGISTRAR VR A15 (4) 2 1868 Witake Funeral Directors, Balto., Md. 21229 30M REV 1/68~



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 2b. HOUR DECEASED-NAME Frst requires that the death certificate be executed within 24 haurs after death. (Type or print) physicion and campletely filled in by the funeral en please remave carban papers. Pages T and oval, and in any event, within 72 haurs after deal :50a M Hen son Α. Sherman ofter IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE S DATE OF BIRTH 3. SEX 6 AGE ( n years 11/13/99 Male Negro 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED [25] country) Anne Arundel WIDOWED [7] DIVORCED [ USA Maryland 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10. GTY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired) give street address) **INDUSTRY** Crownsville State Hosp. Crownsville 13a USUAL RESIDENCE (Where deceased fived, if institution, Residence before/ 13c CITY DR TDWN 13d INSIDE GITY LIMITS? 3e STREET AND NUMBER 13b COUNTY Mary land Lothian P.O. Drury 4, Md. Anne Arundel Lothian IS. MOTHER'S MAIDEN NAME First Linknown 17 INFORMANT 16g. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. 50 CIAL SECURITY NO. Address Yes, no, or unknown) I (III yes give war or dates of service) ar remayal, Hospital Records, Crownsville, Maryland the attending phy Unknown 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) ) BETWEEN OWSET AND DEATH PART I. DEATH WAS CAUSED BY Acute pulmonary edema severe; Focal Broncho-DUE TO, OR AS A CONSEQUENCE OF pneumonia. RLL crematian, Conditions, if ony, which gave ) burial-transit rise ta immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the Emaciation; ASCVD PTB, inactive LUI, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 90. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES X NO [ for use Health 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (if either, natify medical examiner) PM. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark \_\_\_\_\_\_, 19.68 \_\_\_\_\_, that (1) (we) last 220. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on 4/16 \_\_1968, and that in (my) (aur) opinion death accurred on the date and hour and from the 4 may be retained causes stated abave, (f) (we) (did) (did nat) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHY5. DEGREE 4/16/68 PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) L. Benedict, M.D. Crownsville State Hosp. Maryland 23 HANE OF CEMETERY OR CREMATORY 23d. MOGATION (City or Town) 23b. DATE (County) 230 BURIAL, CREMATION, 25b. REGIS WAR'S SIG ATURE 25a REC'D BY REGISTRAR **ADDRESS** 



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 20 DATE OF DEATH First Middle 2b. HOUR A DECEASED-NAME and (Type or print) funeral Walter HERR. Edward 4 RACE 5 DATE OF BIRTH 6. AGE (In years last birthday) MONTHS HOURS 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED IN NEVER MARRIED country) led in WiDOWED T DIVORCED [ Anne Arundel 12a USUAL OCCUPAT ON (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired) PHYSICIAN: The law requires that the death certificate be executed with ANNAPOLIS INSDERTOR cremation, ar remayal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY 14 FATHER'S NAME Middle S MOTHER'S MAIDEN NAME First DOURN 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO 17 INFORMANT Yes, na, ar unknown) Rosemany WWI WWI 18 CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c) ) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Canditions, if any, which gave) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been as the prior to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? d far use a YES 🖂 MO | the haspital ar 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTR BUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) PM be detached 21d N.JRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat wh le at wark 22a 1 certify that (1) (this hospital) attended the deceased fram and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on.... Page 4 may be retained O FUNERAL DIRECTOR: A couses stoted above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b SIGNATURE X DEGREE directar, page 3 shauld be filed DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) CHURCH. 121 Cathedral St., Annapolis, Md. 23g\_BLRIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 1 REMOVAL (Spec fy) 11: 1. C. + --DAAPR 1 5 19 FUNERAL DIRECTOR **ADDRESS** 



DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

	05.1	30		CERTIF	ICATE OF	DEATH	TOTAL PROPERTY AND ALLEY I	*	234		
	ECEASED-NAME	First	Midd	e	Last		20. DATE OF DEATH		2b HOUR		
1	Type or print)	Charles	E.		Hickey		4- Manth 8- Day	19 8	945pM		
3. 5	EX	4 RACE			S. DATE OF B	RTH		IF UNDER 1 YEAR HONTHS GAYS	IF UNDER 24 HRS.		
L	male		white		1-20	-16	lost birthday) 52 YRS.	MUNITHS CATS	HOURS MIN.		
70	BIRTHPLACE (State or		OF WHAT COUNTRY?	8. MARRI	ED 🔀 NEVER MAR	RIED 9	. COUNTY OF DEATH				
	Neb.		.S.A.	WIDOW	ED DIVO	RCED 🔲	A.A.		Md		
	Glen B	urnie	give street address) North	Arundel I	Hosp.	during mas	OCCUPATION (Kind of work done it of working life, even if retired.)	126. KIND OF INDUSTRY	BUSINESS OR		
13a	USUAL RESIDENCE (V	Where deceased lived, if	institution: Residence			13d. INSIDE CITY LIMI					
	Ma .	13b. cg		Ode	nton	YES 🙀 NO [	1307 Odenton	Rd.	21113		
14		ichael M	A. H	ickey	15. MOTHER'S M.	Mary		riday	Last		
160	i. WAS DECEASED EVEI Yes, pop of unknown)	IN U.S. ARMED FORCES	? 16b. SOCIĀL S ^**** □□k□t		7. INFORMANT Edith	F.	Hickey - Land	As # 1	3		
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Conditions, if any, which gave tree to immediate cause (a).  Stating the underlying cause (b).  DUE TO, OR AS A CONSEQUENCE OF (c)  DUE TO, OR AS A CONSEQUENCE OF (c)  DUE TO, OR AS A CONSEQUENCE OF (c)  OUT TO, OR AS A CONSEQUENCE OF (c)  DUE TO, OR AS A CONSEQUENCE OF (c)										
NO	163 Y						NDITION GIVEN IN PART 1(a)				
CERTIFICATION	190 DATE OF OPERA		FOR WHICH OPERATION		20a AUTO	NO 🗌	206 IF YES, WERE FINDINGS CO. CAUSES OF DEATH?		ERTIFYING		
MEDICAL CE	21a. ACCIDENT WA OR CONTRIBUTING [ (If either, natify m	CAUSE OF DEATH HOUI	TIME OF INJURY R A.M. Manth Day P.M.	Year 19			nature of injury in Part 1 or Part 2, It	em 1B.)			
W	21d INJURY OCCUP While Hat while of work at work	RED 21e PLACE OF IN	VJURY ( AT HOME, FARM, OFFICE BUILDING	STREET, FACTORY, ) 211	LOCATION Street	of ar R.F.D. Na.	City or Town	County	State		
	22a. I certify that (I) (this haspital) attended the deceased from 19 0, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death.										
	tely	TOTAL DEGREE PHYS. DIRECTOR D STAFF D 908									
	NAME (Type)	Febu	V - V	uheu		130	deutor Del	Ode	etu bel		
	BURIAL, CREMATION REMOVAL (Specify)	4/13/68	F	AME OF CEMETERY airbury		У	23d. LOCATION (City or Town) FLirbury		(State) raska		
	FUNERAL DIRECTOR			ADDRESS	4.0.1	2Sa REC'D BY			i er		
J	ingiston	Funeral H	ome/Slen	Burnie,	Mq.	MPR I	1 1968   Peliante	V July	~		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Pandral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in ony event, within 72 hours after death. VR A15 (4) 30A4 REV. 1/68

Phylours

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certricate be executed with Page 4 may be retained by the hospital or attending physician.



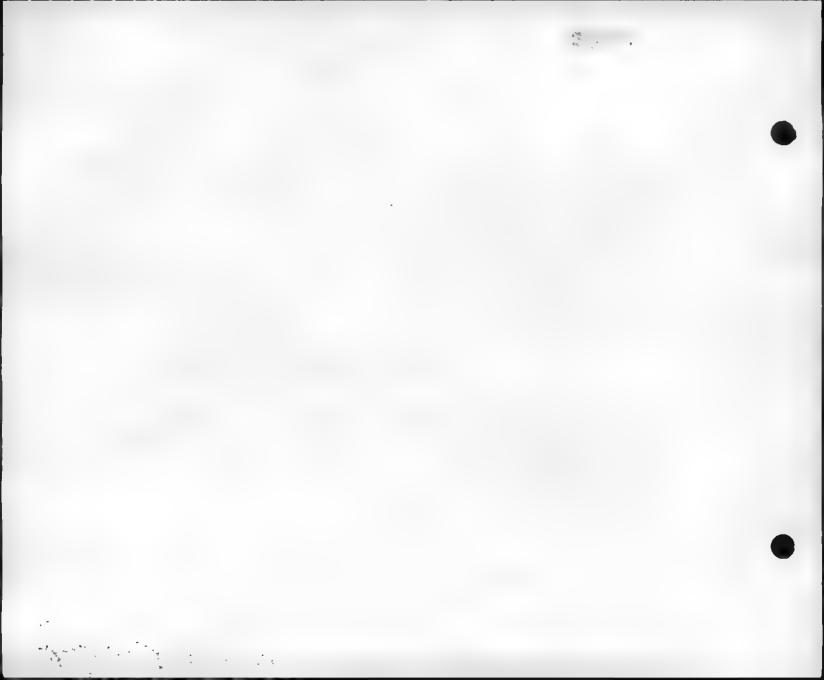
· · · · · · · · · · · · · · · · · · ·		05082	DIVISION OF						YLAND 21201		
		m# 3a.c.Film#2			ERTIFICA			, , , , , , , , , , , , , , , , , , , ,			135
eral sand 2	1. DI	(EASED NAME ype or pnnt) Hosana	h	Mrddle	Ho	lost Loway		20. DATE OF		Year 68	2b HOUR
	3 58	Ε'	4 RACE Ne	gr0	\$.	DATE OF BIR	20. DATE OF DEATH  Month Day  A  BYROX  MARK ED  A  A  A  A  A  A  A  A  A  A  A  A  A				
4-hours	7o. I		76 CITIZEN OF W USA		8. MARRIED WIDOWED		110				M
within 2 san pag	}D. 0	ITY OR TOWN OF DEATH Glen Burnie		II NAME OF HOSPITAL OR INS		TITUTION (If not in hospital 120 USUAL OCCUPAT					
amplete		JSUAL RESIDENCE (Where decease ssion) STATE Md.	LIBS COUNTY	tion. Residence before	13c. CITY OR TO Hanove	ì		¬		•	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after dead Page 4 may be retained by the haspital at attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral affector, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers, Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death states.	14 1	ATHERS NAME First	Middle	Lost	IS. A	OTHER'S MAI	DEN NAME Firs	it	M.ddle		Lost
tificate thysician n pleas val, and		was deceased ever in u.s. ARME es, no, or unknown) (If yes give wo	D FORCES? or dates of service)	16b. SOCIAL SECURITY I	10. 17. INF	Back	rea	Kil	Address	7 Eu	er El
eath cer inding p nit. The		PART I. DEATH WAS CAUSED	84	713		12.648	izi l	acci	plant		
t the do		Conditions, if any, which gave	DUE TO, OR	AS A CONSEQUENCE OF	esel	ashe	-2000 C	62572	.?		BUSINESS OR  Lost  Lost  CERTIFYING  State  I (1) (we) last and fram th
res tha sician. ned by ial-tran al, cren		stating the underlying couse last.	DUE TO, OR	AS A CONSEQUENCE OF							
v requi	N.	PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBU	UTING TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL	DISEASE OR COM	NDITION GIVEN	I IN PART 1(a)		
The lay aftend has be se as the prior	CFRTIFICATION			HICH OPERATION WAS PE		YES 🗀	NO 🗀	CAUSES	OF DEATH?		ERTIFYING
ICIAN: pital ar rifficate d far u of Heal	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	DUE TO, OR AS A CONSEQUENCE OF  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A								
b PHYS the has this cel detache e Dept.	WE	While Not while		OFFICE BUILDING, ETC.	1	, ,	1 .		. / /	,	
ENDING ned by 1 R: After old be the Stat		22a. I certify that (I) (this saw the deceased ali	haspital) att ve an(l) (we) (did)	ended the decease	ed from	hat in (my	7, 19 <u>6</u> (our) apini	🔬 , ta ian death o	ccurred an the do	<u>රථ</u> , that ite and haur	(I) (we) last and fram th
OR ATT be retain IRECTO C 3 shoot d with		22b. SIGNATURE	(O. A	w kan	AA DEGREE	ATTENDING PHYS	MED DIRI	D ECTOR	STAFF 22c.	DATE SIGNED	68
FITAL (FRAL D) Dr., page d be file	,	22d. PHYSICIAN'S NAME (Type)	Dork	an Mo		22e. ADDR 3-2 (	ESS / 1	ital:	drair &	Burn	i, buot
Page 4 For Fundirected should	230	BURIAL, CREMATION, 236. D. REMOYAL (Specify)	ATE 3/6		CEMETERY OR CR	EMATORY		23d LOCATIO	of (City or Town)	(County)	(State)
VR A14 01 30M REV 1/68	24.	FUNERAL DIRECTOR  MILITARY E	Elich	Cay // 5	987.0	proli	De REC'D BY		- Warmer of	SIGNATURE LES SIGNATURE	pe'.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 2b. HOUR DECEASED-NAMI First requires that the death certificate be executed within 24 haurs after death Manth (Type or print) LENA 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR F JNOER 24 HRS. 3 SEX last birthday) Oct. 9. 1905 White Female 7a BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Anne Arundel Indiana ·U.5.A. DIVORCED X physician and campletely filled ign WIDOWED [ 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Arundel Hospita during most of working life, even if retired) and in any event, with the attending physician was carban to a second the please remaye carban the please remayer. Glen Burnie 13c CITY OR TOWN 13e STREET, AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? Box 438 Laugh Chapel Rd. admission) STATE Mary Land 13b. COUNTY TIES Odenton 14 FATHER'S NAME First last 15 MOTHER'S MAIDEN NAME First Middle (unknown) Lurene January Joseph 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) Mr. George L. Hood (stn) Same As #13 16 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) } BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been far use as the f Health priar t 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO | 21g ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY, ) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 1968, and that in (my) (aur) apinian death occurred an the date and haur and from the saw the deceased alive on A causes stated abave ((1)) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b STGNATURE DIRECTOR 22e. ADDRESS PHYSICIAN S NAME (Type) directar, p 23d LOCATION (City or Town)
Glen Burnie, 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23a BUR AL, CREMATION, Glen Haven Mem. Park Apr. 17. I RODRESIVE RAL 25g. REC'D BY REG STRAR 25b REGISTRAR'S SIGNATURE Glen Burnie, Maryland 30M REV 1X48

. 17 × η,

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours ofter deoth physician and completely filled in by the funeral new please, Pages 1 and nony event, within 72 hours offer dear (Type or print) Walton Manth HOWARD 3 SFX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS last birtbdey) MONTHS HOURS 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) Anne Arundel DIVORCED 10 ACITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) INDÚSTRÝ NSUKHNO 13a, USUAL RESIDENCE (Where deceased lived, if institution Residence before 136 CITY OR TOWN 13e STREET AND NUMBER admission) STATE 13b COUNTY 14. FATHER'S NAME M ddle IS MOTHER'S MAIDEN NAME First Last Last FAR DWARD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, na, or unknown) or removal, signed by the ottending 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) cremotion, Canditions, flany, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause buriol, 1 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 166 os the prior to b Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 19g DATE OF OPERATION 96 COND TION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use YES 21d ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of musy in Part 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. of (If either, natify medical examiner) P.M. be detached Dept. 21e PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City of Town County State While Not while at wark at wark 22a. I certify that (1) (this hospital) attended the deceased from... TENDIN 1988, and that in (my) (euc) apin an death occurred on the date and haur and fram the saw the deceased alive an. should causes stated above, (1) (we) (d d) (did not) view the bady after death 226 SIGNATURE 22c DATE SIGNED director, page 3 77 DEGREE DIRECTOR PHYS 22d PHYSICIAN'S 22e ADDRESS NAME (Pype) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) BURIAL, CREMATION. DATE (Coupfy)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ance.			CEKTIF	ICAIE OF D	CAIN				N. W.
DECEASED-NAME	First		Middle	Last	20	DATE OF DEATH	D-	V	2b. HOUR
(Type ar print)	Elsie	7	Vla mr	Hromadk	9	Month	Day },	Year 68	5.15
. SEX	4 RAC		vary	S. DATE OF BIRT		6. AGE (In year	rs IF UNO	DER I YEAR	IF UNDER 24 HRS.
Female		Ne-	White	11/1	2/03	lost birthday)	YRS. MONTHS	S GAYS	HOURS MIN.
o BirTHPLACE (State or country) Unknown	foreign 7b. CITIZI	EN OF WHAT COUNT USA	TRY? 8. MARRI WIDOW	ED 🙀 NEVER MARRI	ED 9 CO	ounty of DEATH			Mc
Crownsvill	Le	give street addi Crown s	sville Stat	e Hosp.	120 USUAL OCC during most af Hous	CUPATION (Kind of work of working life, even if retile ewife)	red) IND	D. KIND OF 8 DUSTRY	BUSINESS OR
3a USUAL RESIDENCE (V dmissian) STATE Maryla	ınd 13b C	OUNTY	Balti	more	ES X NO	13e. STREET AND NUMBI	olling	rt-on-	
4. FATHER'S NAME		Middle	Lost	IS. MOTHER'S MAIL	EN NAME First	Midd	dle	,	Lost
	Vincent		Kasper		Emma			Lavio	cka
160. WAS DECEASED EVER	R IN U.S. ARMED FORCE (If yes give war or dates of	200 garden 31 garden	~ U 3 -140, D	7. INFORMANT		Addr			
MO. o. amaram)		2107	Jnknown B	<u>Hospital</u>	Records	_ Crownsvil	le Sta	te. Ho	OSTO
Conditions, if ony, rise to immediate stoting the underly last.	which gave a cause (o), ying couse	TO, OR AS A CONS (b) TO, OR AS A CONS (c)	SEQUENCE OF	,7					
						TION GIVEN IN PART I(a)			
G Utract 196. Date of Operat			a, Decubit	us ulcers 200 AUTOPS YES		ration and : 206 IF YES, WERE FINDI CAUSES OF DEATH?			RTIFYING
210 ACCIDENT WAS	CAUSE OF DEATH HO	time of injury für A.M. Manth P.M.	Doy Year	HOW INJURY OCCU	RED (Enter notu	ire of injury in Port I or Po	ort 2, item 18	8.)	
While Nat while	le 🗆	/ DEFICE BUI				City or Town	Срия	•	State
22a. I certify t saw the d causes sta 22b. SIGNATURE	that (1) (this haspit beceased alive an- ited abave, (1) (wi	al), attended t	he deceased fram- 1900 I) view the body afti	25 11		, ta <u>li/li</u> death accurred an tl	, 19 <u>68</u> he date an		(I) (we) las ind fram the
22d PHYSTOAN'S	K51/1/1	YWir	11/5/1/0	ATTENDING PHYS. 22e ADDRE	DIRECTO	OR PHYS.	4/4,	/68	
NAME (Type)	Lionel McH	Henry Maj	ор, М.б.	Crown	sville S	State Hospit	al. Ma	aryla	nd
230, BJRIAL, CREMAT ON REMOVAL (Specify)			NAME OF SEMETERY		23d	1 LOGATION (Gry or Town		unty	(State)
24 FUNERAL DIRECTOR	= (rach (	allCh	ADDRESS PS ACO 1	$\sim 0$ .	SO. RECED BY REG	8 - 1968 REGIS	MAR E-SIGNA	High Ju	wight.

death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funerol director, page 3 should be detoched for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remavol, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 30M REV. 1/68 25/ 86



MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH

CERTIFICATE OF DEATH 7 8)

(State)

10 du

MEDICAL CERTIFICATION

BURIAL, CREMATION, REMOVAL (Specify)

Buria 24. FUNERAL DIRECTOR 23b.

DATE THEREOF

eton Funeral Home-Glen Aurnie, Md.

4/16/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hoars after death. Page 4 may be retained by the hospital or attending physician.

2 1 85 PLACE OF DEATH 6. COUNTY 1. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) ATU IDEL a. STATE b. COUNTY MARYLAND

	b. CITY OR TOW Write RURAL	, and give neare	est town)		LENGTH OF STAY	IN 1b	C. CITY OR TOWN (H				give nearest town
	d. NAME OF HO	3	ITUTION (If		al, give street ad	Idress)	d. STREET ADDRESS	lst Mai	n St. Apt	: #L	e. IS RESIDENCE ON A FARM?
Э.	NAME OF DECEASED (Type or print)	I	First JLIS,	I.FAN	Middle F FL ALE		Last	4. DATE OF DEATH	Menth April	13	19 3 8
7	sex Female	6. COLOR OR	WI	DOWED 🔲	NEVER MARRIED DIVORCED	the state of the s	April 13 19		AGE (in years if last birthday) W	UNDER 1 YE	AR IF UNDER 24 HR
10a dur	ING MOST OF WORK	TION (Give kind o ling life, even if A	f work done retired)	10b. KIND ( INDUS	OF BUSINESS OR		ANUE ARTU			12. CITIZ COUN	EN OF WHAT TRY? USA
13.	FATHER'S NAM	1E					14. MOTHER'S MAII	DEN NAME			
	FIGLIS,	FREDER	ICK G.	JR.			STATLEY				
15.	. WAS DECEASED	EVER IN U.S. ARE	MED FORCES	? 16. SOCI	AL SECURITY NO.	17.	INFORMANT		Address		
(16	es, po, or unkown)	( IT YES DITE WAT OF	Gates of service	_TO_	IE	1	FATITAR (Free	derick	Inglis)		
7	18. CAUSE OF	DEATH FEnter of	nly one caus	se per line fi	or (a), (b), and (c)	.1				1 11	NTERVAL BETWEEN
		EATH WAS CAUS	ED BY:	-	ME PRELIA	-	PΥ				INSET AND DEATH
	777	IMMEDIATE (									
H	Conditions, If	any which I	OUE TO								
4	gave rise to		(p)								
	cause (a), s		DUE TO								
z	underlying caus		(c)								
CERTIFICATION	PART II. OTHER:	SIGNIFICANTCO	NDITIONS <u>C</u>	ONTRIBUTING	STO DEATH BUT NO	OTRELA	TED TO THE TERMINAL	DISEASECONO	DITION GIVEN IN PA	ART1(a)	PERFORMED? YES NO
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLY! ING ☐ CAUSE O TIFY MEDICAL I	F DEATH	20b. DESC	RIBE HOW INJUR	Y OCCU	RRED. (Enter nature o	f Injury In Pa	rt I or Part II of	Item 18.)	
MEDICAL	20c. TIME OF Hour a.r p.i		, Day, Year 19	20d. INJUR While at work		0e. PLAC factor	E OF INJURY (Home, f. y, street, office bldg., e	arm, 20f. ( etc.)	City or town)	(County)	(State)
	21. I certif	fy that (I) (this	s hospital)	attended th	ne deceased fro	om	PIL 13 1	9 <u>58</u> , to_	AFRIL 13	, 1958	that (I) (we) las
	saw the de	ceased alive of	n Allia	L 13	<u>19 රට ,</u> ar	nd that	death occurred at.				
	22a. SIGNATU		-1	1						22b. DATE	
	22c. PHYSICIA	osens.	2/.	Melen	rac	M.D.	PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	April	13, 1968

23c. NAME OF CEMETERY OR CREMATORY Vinsan Cemetery

ADDRESS

LOCATION (City, town or county) Summittville, Ind.

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1968

VR A15 (4) 15M 4-64

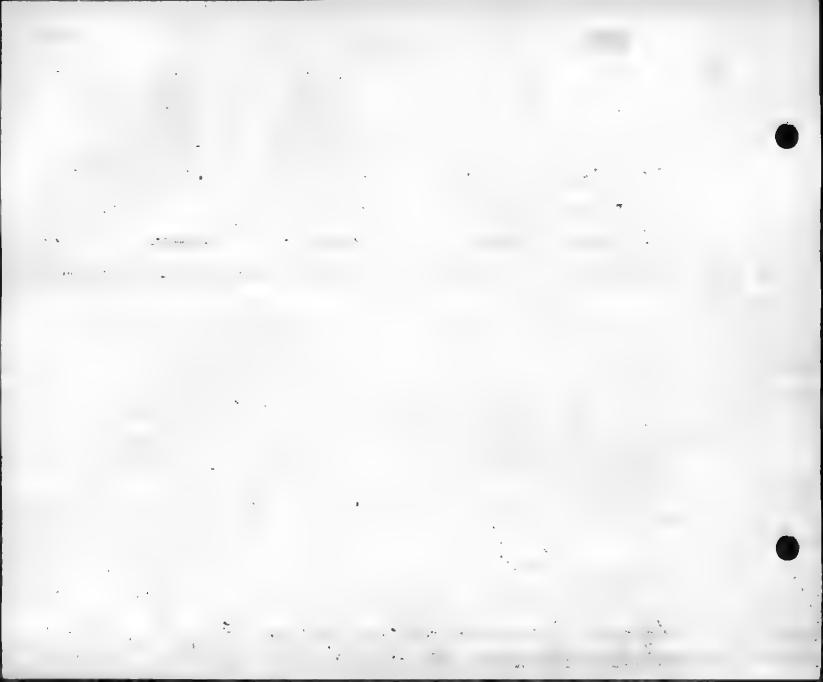
Sign of the control

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME Middle 20 DATE KNOWN Month Year 2b HOUR (Type or Print) OF ESTI-ACKMAN DEATH MATED ny delay 6 AGE OR YOURS E LIN OFR YEAR 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD 2d HOUR pua 54 pirthday) P.M.3 11/7-13 40 70 B RTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH 8. Give Poges 1, D.C. IISA. WIDOWED DIVORCED [77] 1. 11.00 the State 12a USUAL OCCLPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Beverage 0.ong 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN 13d INSIDE CITY LM TS7 13e STREET AND NUMBER edmission) STATE 13b COUNTY 6136 Shadyside Ave YES X NO Capt. Hets. lond 2 pencil in Item 1 ofter 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Pau 1 Jackman Sarah Dove hours Exominer's poges 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS be executed within (Yes no or unknown) Thelma E. Jackman (wife) same as #13 216076712 ⊑ APPROX MATE INTERVAL within CAUSE OF DEATH (Enter an y one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Lunden DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 nsed 190 DATE OF OPERATION 9b. COND TON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO. YES T please execute the certificate, pe 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, tem 18) 3 should should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 2.d NURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 211 JOCATION Street or R.F.D. No. City or Town Caunty State factory, office building, etc.) age, NOT WHILE I AT WORK 220 I certify that Wook charge of the remains described above, held on Autopsy ... Inspection [47] ond in my op n.on. death resulted from Notural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL FUNERAL ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Heolth NAME (Type) ADDRESS(Street, city, town, ar county) 0 23c NAME OF CEMETERY OR CREMATORY 23a BJR AL CREMATION 23d LOCATION (City or Town) (County) (State) Cedar Hill Cemetery Suitland Rd. PG Md. 24 FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 250 REC.D. BY REGISTRAR VR A15ME (5) Suitland Rd SE, Suitland, Maryland DATE 10M REV 1/68



	0503	27	(	CERTIFICATE OF	DEATH	•		195				
	CEASED-NAME	First	Middle	Last	2	o. DATE OF DEATH		2b. HOUR				
1)	ype or print)	James	C.	Jaco	bs	Month 1	18 68	11:00a				
3 ZE	X	4. RACE		5. DATE OF		6. AGE (In year	S EF UNDER 1 YEAR MONTHS DAYS	HOURS MAN				
	Male		White	5/1	8/83	lost hirstiday)	YRS.	THOUSE MAIN				
7a. 8 coun	RTHPLACE (Stote or to) Maryland		OF WHAT COUNTRY? S.A.	8. MARRIED NEVER MA	AKKIEU	ounty of DEATH		Md				
	ITY OR TOWN OF DEA	ATH	11. NAME OF HOSPITAL OR INS	STITUTION (If not in hospital	120. USUAL O	CCUPATION (Kind of work	done 12b KIND O	F BUSINESS OR				
	Crownsvill		give street oddress) Crownsville			f working if e even if reti	ER	ARM				
13o. odmi	USUAL RESIDENCE (W ssion) STATE Marylar	135 (01)	nstitution: Residence before	Severn Md	YES NO	13e STREET AND NUMB		14.7				
14. F		First / Mod	idle Lost		MAIDEN NAME First	Jacobs Rd.		Lost				
	GEORG	۷.	m JACOL	An -		REBECCA	DONALD.	,				
160.		IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY I		N E	Addr	4	20/4				
Y	es, no, or unknown) Unknown	( f yes give war or dates of serv	10 218-36-751	4 Hospita	l Records	. Crownsvill	e. Marvla	ndba				
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  APPROXIMATE INTERVAL BETWEEN ONSET AND QUATH											
ш	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pneumonia											
	4/24	1.5.1	, OR AS A CONSEQUENCE OF									
	Conditions, if ony, v rise to immediate	couse (o). (b.	ASHD									
	stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF											
	(c)											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  Uremia, Bilateral Inquinal Hernia, Schizophrenia, Cachexia											
NOT	Uremia. I	<u>Bilateral II</u>	nquinal Herni DR WHICH OPERATION WAS PE	a Schizoph	renia, Ca	chexia. 20b IF YES, WERE FIND	INGS CONSIDERED IN A	CERTIFYING				
CERTIFICATION	170. DAIL OF OFERA	170. (010110111)	A THICH OF EXAMON WAS I E	YES [		CAUSES OF DEATH?	INGO CONGIDENCO III					
	21a. ACCIDENT WAS		ME OF INJURY A.M. Month Doy Yeor		CCURRED (Enter not	lure of injury in Port 1 or P	ort 2, Item 18.)					
MED CAL	(If either, notify me	dicol exominer)	P.M. 19	}								
	21d. INJURY OCCUR While Not while of work of work	´□	( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			City or Town	County	State				
Ш	22o. I certify th	not-(1) (this hospital)	ottended the deceose	ed from 5/27	, 19 <u>6</u> Ø	_, to4/18	<u>, 1958</u> , tha	t <del>-(1)</del> (we) last				
П	sow the de couses sto	eceosed olive on	1/18 1 did) (did not) view the	%8_, and that in 4	<del>my)</del> (our) apinio	n deoth occurred on t	he dote ond hour	ond from the				
П	22b. SIGNATURE	Muce	12.	DEGREE PHYS.	DING MED.	TOR X STAFF	22c. DATE SIGNED 4/18/68					
	22d. PHYSICIAN'S	-		22e. Al								
	NAME (Type)	L. Benedict		<del></del>	<del></del>	State Hospi	tal, Mary	land				
230	B, RIAL, CREMATION, MOVAL (Specify)	23b DATE 4-20-		CEMETERY OR CREMATORY		Bd. MCATION (City or Jown	(County)	(Stote)				
24	FUMERAL DIRECTOR	Daniel	an law	Il mil	2So BED BY RE	2 3 1968 REGIS	TRAPS SIGNATURE	udge.				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Seath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1, and should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after deat Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- (1)/	7		35.38		C	<b>ERTIFIC</b>	ATE OF	DEATH				., 5,3
ond death	7		CEASED-NAME First // // // // // // // // // // // // //	ABEL	Middle R.		Jewel Jewel	L	2a. DATE OF DEATH April Month 8	Day (	1966	26. HOUR 2: A.
		3. SE	Female	4 RACE White			Jan.		6. AGE (In years lost Charled ay)	YRS. IF	UNCER I YEAR NTHS DAYS	IF UNGER 24 HRS HOURS MUN
d in By		7o B caurl	RIHPLACE (State or foreign Wirginia	76 CITIZEN OF WHAT C		MARRIED WIDOWED	DIVO	RIED S	Anne Arunde	l.		Md
vithin 24 sly filled son pope within 7,			ry or town of DEATH Dasa lena	11. NAME C	OF HOSPITAL OR INST Preditable Be	ntution (if no ach Ro	in hospital		OCCUPATION (Kind of work o कार्या क्ष्यप्रसामुद्री।विद्यापका if retir		126 KIND OF E	
ecuted with completely ove corbor y event, wi		13a. admi:	JSJAL RESIDENCE (Where decersion) STATE/irginia	= 13b COUNTY	Residence before	13c. 01Y 0R 1 Roanc	own ke	AEZ NO			ve.N/C	J
tificate be ex physicion and in please rem val, ond in an		14 F	ATHER'S NAME First Dave	Middle	lost Creasy			Alden NAME Fir Betty	rst Midd	le	Hall	Last L
		lóa. Yı	WAS DECEASED EVER IN U.S. AF		. SOCIAL SECURITY NO 25-64-62	).   17 IN 15   ฝi	FORMANT lliam	Jewel	Addre 1 – Same as ,			
ne death cer ottending p permit. The ian, or remo			IB. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)		r (a), (b), and (c).)	arle	rios	e lesor	lie Keart de	de sease	BETWEEN ON	ATE INTERVAL ISET AND DEATH
the de			Candit ans, if any, which gave	DUE TO, OR AS A	CONSEQUENCE OF	Pu	dro	mbo	E2		200	uch.
ician. Sed by the ol-transit			nse to immediate cause (a) stating the underlying cause last.		CONSEQUENCE OF							
r requires ng physici en signed se buriol- to burial,		z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING		T RELATED TO	THE TERMINA	L DISEASE OR CO	ONDITION GIVEN IN PART 1(a)			
AN: The low re al or ottending icate has been for use as the Health prior to	<i>y</i>	CERTIFICATION		CONDITION FOR WHICH O	PERATION WAS PER	FORMED	20o. AUTO		206 IF YES, WERE FIND! CAUSES OF DEATH?	NGS CONS	IDERED IN CE	RTIFYING
ICIAN: Dital or this ficate d for us of Health		₹	21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAJSE OF OR (If either, natify medical exam	EATH HOUR A.M. MO	URY anth Day Year	21c. HO	W INJURY OCC	URRED (Enter	nature of injury in Part 1 or Po	ırt 2, İtem	1 18.)	
PHYS his cel stache Dept					IOME, FARM, STREET FACE CE BUILDING, ETC	DRY.) 21f LOC	ATION Stree	et ar R.F.D. No.	City or Town	(	aunty	State
OR ATTENDING be retained by th JIRECTOR: After t e 3 should be de ed with the State			22a. I certify that (I) (t	t <del>his hospita</del> l) attende alive an ve,(I) (we)(did)(did	ed the deceased	from , ond ody after d	thot in (m	<u>/</u> , 19_// у) ( <u>я</u> шт) оріп	on death occurred an th	, 19 <u>2</u> ne dote	ond hour o	(I) <del>(we)</del> last ind from the
OR ATTEN be retained DIRECTOR: /			226 SIGNATURE	Me Hary	klin	DEGRE	ATTENDIN E PHYS	IG 🔀 ME	ED. STAFF PHYS	22c DAT	E SIGNED	68
TO HOSPITAL OR AI Page 4 may be refr TO FUNERAL DIRECT director, page 3 sh should be filed with	5		22d. PHYSICIAN'S NAME (Type)	n Me Kan			22e ADD 3708		ecchani Rd	: M	sade	ug, Me
TO HOSPIT Page 4 m TO FUNERA director, I should be		B	REMOVAL (Specify)	D/Apr.1968					23d. LOCATION (City or Town) Roanoke, V	а.	(Caunty)	(State)
VR A15 (4)			FUNERAL DIRECTOR	Slop Sur	ADDRESS Do i D Mrd			2Sa REC'D BY	REGISTRAR 256 REGIST		NATURE	

4.v. Singleton - Sien Hurnie, Mu.



ATTENDING PHYS

22e. ADDRESS

325

DIRECTOR

2b. HOUR **VE SINDER 1 YEAR** 6 AGE (in years lost birthday) HOURS 12b. KIND OF BUSINESS OR INDUSTRY Last BETWEEN ONSET AND DEATH 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING County Stote 22c DATE SIGNED PHYS.

30M REV 1/68

director, should b

22b SIGNATURE

22d PHYSICIANS

23d BURIAL TREMATION, REMOVAL (Specify) 24 FUNERAL DIRECTOR

NAME (Type)



VISION OF VITAL RECORDS, 30) W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26 HOUR A Middle DECEASED-NAME First 20 DATE OF DEATH (Type or print) JONES Lucy none Apri event, within 72 hours after 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (in years F JHDER 1 YEAR s gned by the attending physician and campletely filled in by the f build-transit permit. Then please remave carban papers. Pages burial, crematian, or removal, and in any event, within 72 hours afte last birthday) Female Coldred requires that the death certificate be executed within 24 hours 7g. BIRTHPLACE (Stote or foreign 76 CITIZEN OF 1. AT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (duntry) Maryland, WIDOWED [ DIVORCED Anne Arundel 11. NAME OF HOSPITAL OR INSTALL ON (1) not in hospital 10, CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Annapolis 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 3d INSTOE CITY JIM TS? 13e STREET AND NUMBER odmission) STATE Md 136 COUNTY NOX Anniapolis 7 Murray 14 FATHER'S NAME IS MOTHER'S MA DEN NAME First Middle Last Jones Gambrill Sarah James 160 WAS DECEASED EVER IN J.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17 INFORMANT Dunkirk, Md. Yes, no, or unknown) Mackall Daisy APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

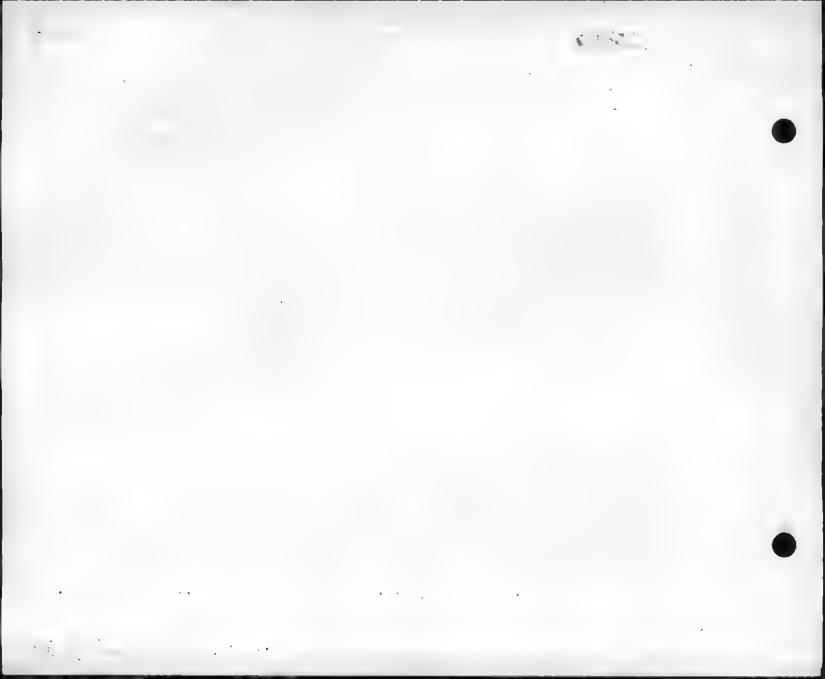
JAMMEDIATE CAUSE (a) CARCINOMA OF DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tal has been 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO I far use Health Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year be detached f (If either, notify medical examiner) 21d. N.JRY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. \ 21f LOCATION Street of R.F.D. No. City or Town County State While Nat while of work TENDING 22a I certify that (1) (this hospital) attended the deceased from 19 (2), and that In(my) (our) opinion death occurred on the date and haur and from the sow the deceased alive on shauld causes stated above, (1) (we) (did) (and not) frew the body after death 22b SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR director, page shauld be filed 22e ADDRESS 22d. PHYSICIAN NAME LYPE Jesse L. Wilkins. 98 Cathedral St. Annapol 230 BOR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (State) REMOVA. (Specify) Friendship Md Carters Ch..Cem 250, REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH Ferst (Type or print) Gladys JONES Margaret S. DATE OF BIRTH 3. SEX 4 RACE 6. AGE (In years last birthday) MONTHS DAYS White August 22. Female 1902 65 event, within 72 hours 7a, BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔼 NEVER MARRIED 🗍 papers country) WIDOWED | DIVORCED [ Maryland U.S. Anne Arundel ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita) 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during mast of warking life, even if retired.) please remove carban Annapolis Home Anne Arundel Gen. Hosp. 13a USJAL RES DENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b. COUNTY Anne Arundel admission) STATE YESK NO T Annapolis 19 Brewer and in any 4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle M+ddle Last William C. Smith Alice Jane Smith Address 19 Brewer Ave 7 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes no, arunknown) Mr. Bernard A. Jones ar remayal, Anna., Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY"MMED ATE CAUSE (a) BETWEEN ONSET AND DEATH Canditians, if any, which gave ) burial-transit avan carenten rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed k PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) as the 750 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERAT ON 20a AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES [ for use After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Tawn Caunty State White Nat while at work 220 I certify that (1) (this tosputal attended the deceased from 1900, 1900, toff the 3, 1900, that (1) (see ) lost saw the deceased alive on Carrier & 1962, and that in (my) terms opinion death occurred on the date and hour and from the be retained Page 4 may be retained O FUNERAL DIRECTOR: causes stated above, (1) (we) (did not) view the body after death 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR , page be filed PHYS. PHYS. 22d PHYSICIAN'S 22e ADDRESS NAME (Type) Barber C. Palmer. M.D. 121 Cathedral St., Annapolis, Md. directar, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL, CREMATION, 23b DATE (County) (State) SWP (Segfy) 1968 Annapolis, Md. April Cedar Bluff Sta RECD BY REG STRAR 256 REGISTRAR'S S GNATURE 24. FUNERAL DIRECTOR Amna. Md.



		t in 18 film 4 1 5- 11-4 MARYLAND STATE DEPARTMENT OF HEAD	
	16.1	mt division of vital records, 301 W. Preston Street, Baltimo	RE, MARYLAND 21201
	XXI	05092 CERTIFICATE OF DEATH	
÷.	-22	47	D. DATE OF DEATH 2b. HOUR
qea	deat	(Type or print) Spencer J. JONES	April 9 1968 4 M
le l	5-2	SEX 4 RACE S DATE OF BIRTH	6 AGE (1 years IF UNDER 1 YEAR IF UNDER 24 HRS.  last burthday) MONTHS DAYS HOURS MIN.
S	Pages Pages urs aft	M 8-10-1897	YRS.
Jan	in by theirs Pag 2 haurs	minter)	DUNTY OF DEATH
24	· — = C4	MIDOWED DIVORCED A	nne Arundel Md
三	# P T	give/st/eet/ddress) during projit of	CUPATION (Kind of work done f working life eyen if retired.)
×	carban ent, with	o USJA, RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS?	130 STREET AND NUMBER
the death certificate be executed within 24 haurs after death	ve ve	miss on) STATE UD: 13b COUNTY A.A. RAY EDGE YES NOW	18 HULL AVE
exe	and camp	FATHER'S NAME First Middle Last IS MOTHER'S MADEN NAME First	Middle lost
. De	ician al lease r	SAMUEL JONES GERTRUDE	- CHF-W
cate	physician on please lovar, and I	O WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes no or or name of the security in the security i	NEC # 13
er#i	ova ova	YES WWILL PHONIE 17, JCA	APPROX.MATE INTERVAL
€	by the attending physician and a transit permit. Then please remo cremation, ar removar, and in any	PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
deo	rmi n, a	DUE TO, OR AS A CONSEQUENCE OF	-
the	the a	Conditions, fony, which gave) a partie 120	prolonger les
that	by the transit cremat	rise to Immediate couse (o).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
res 1		ast (c)	rnal)
requires that		PART 2 OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART I(o)
× E	as been as the priar ta	S COUNTY ON A COUNTY ON A COUNTY OF THE COUN	CON US AND THE PROPERTY OF CONTRACTOR IN CONTRACTOR
The law	2007	90 DATE OF OPERATION 196 CONDIT ON FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO 1216 ACCIDENT WAS LINDERLYING 1216 TIME OF INJECT OF IN	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES NO TO THE POLICY NO. THE POLICY	ure of injury in Port 1 or Part 2, Item 18.)
IAN	ficate for us f Realt	The same of the sa	we or infort at ton to toot X, them to.)
PHYSICIAN:	his certif etached Dept. af	OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Yeor   19	City or Town County State
F. d	this cer etache Dept.	While Not while at wark at wark	0
NG NG	of the state of th	22a. I certify that (I) (this haspital) attended the deceased from 2215.	., ta, 19, that (I) (we) last
rendin	77 (3)	saw the deceased alive an	death occurred an the date and haur and fram the
AT F	3 sha	22b. SIGNATURE	22c. DATE SIGNED
S S		DEGREE PHYS IN DEGREE PHYS IN MED DIRECT	OR PHYS DO 68
TAL	RAL DIR	22d PHYSICIANS NAME (Type) Stephen B. Hiltabidle, M.D. 22e ADDRESS 121 Cathed	ral St., Annapolis, Md.
DSP	FUNER rectar		
TO HOSPITAL	director, po	BURIAL, CREMATION, 23h DATE 23c. NAME OF CONTERPY OR CREMATORY 23c. NAME OF CONTERPY OR CREMATORY	d LOCATION (City or Tawn) (Gognty) (Stote)
=	= 44	FANERAL DIRECTOR 250 REC'D BY REC	GISTRAR JOSH PEGISTRAP C SIGNATURE
	30M REV 1 8	the M To tot stres ( lungools, M/do DATE AUN	1 6 1968 /Charles Judge



05093 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages Land should be fled with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after deal Page 4 may be retained by the haspital ar attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15000

CERTIFICATE OF DEATH

				EKIIFI	AIE UF DEAIR			400	21	
1. DECEASED-NAME	First		Midd <sup>1</sup> e		Lost	2a.	DATE OF DEATH		2b. HOUR	
(Type or print)	CLAUS	7.5	.7		KATZ		April 21	1968	LYMAM	
3 SEX		4. RACE			5. DATE OF BIRTH		6. AGE (In years	IF UNDER YEAR	IF UNDER 24 HRS.	
Male		- whi	to		July 5,18	92	last birthday)	MONTHS CAYS	HOURS MM	
70 BIRTHPLACE (State	or foreign	76 CITIZEN OF W		8 MADDIED	■ NEVER MARRIED		INTY OF DEATH		1	
country) . Florida	_	11 3 A		WIDOWED		0.0	07076		Md	
IO CITY OR TOWN OF			AME OF HOSPITAL OR INS		4		INE ARUNCEL UPAT ON (Kind of work done	12h KIND OF	BUSINESS OR	
		give	street address)		during		working life, even if retired )	INDUSTRY		
Millers			ollwood Mi			r HMITS2	RETIFED 113e STREET AND NUMBER	<u> </u>	3 K	
admission) STATE	•	13b. COUNTY			vec (	NO 🗍				
MUTULATI 14 FATHERS NAME	First	FDDB Middle	Arundel		S. MOTHER'S MAIDEN NAME	X.	207 King G	au bob	Lost	
		midgle		l'	S. MUTTER'S MAIDEN NAME	_		, ,		
الے 160. WAS DECEASED E	ılis	urn roneren	Hatz 1166. SOCIAL SECURITY N	10 117	INFORMANT	R	losa	(UIIk	(LOML)	
Yes, no, ar unknow	n) (If yes give i	wor ar dates of service)					Address			
yes	ini ini		1068-10-2	515 6	<u>loria Milli</u>	ken_	(daughter) 5		MATE INTERVAL	
	DEATH (Enter or ATH WAS CAUSE		ne far (a), (b), and (c))						ONSET AND DEATH	
PAKI I DE		ATE CAUSE (o)	Service	mla				í		
454,	7	DUE TO, OR	AS A CONSEQUENCETOF	1211				7		
Conditions, if or			telle	Sel4				,		
rise to immediate cause (a).  stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF										
last.										
PART 2 OTHER	PART 2 OTHER SIGNALCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a)									
2 / /	1, - , Colifer (in ortheriosch preser									
19a DATE OF OPE	RATION 19b	COND TON FOR WE	IICH OPERATION WAS PER	RFORMED	CONSIDERED IN C	ERTIFYING				
19a DATE OF OPE		٧			YES NO	K	CAUSES OF DEATH?			
				21c H	OW INJURY OCCURRED (En	ter nature	e of injury in Part 1 or Part 2,	Item 18)		
OR CONTRIBUTION			Month Doy Yeor	,						
- ZIU INJUKI UC	CURRED   21e				OCATION Street at R.F.D. N	¥0.	City or Tawn	County	Stote	
While Not v	711116		A CIFFICE BUILDING, ETC.		,					
		us <del>hasaital</del> ) att	ended the decease	ed from	34 / 9 . 19	66.	to4/2/_,19	6 that	(1) ( <del>we)</del> last	
saw the	deceased o	alive on	2/4 1	9 GE, on	d that in (my) (our) o	pinion (	deoth occurred on the do	ate and hour	and from the	
	stated obov	e, (I) (1946) (glid)	(did not) view the	bady ofter	death.					
226 SIGNATURE	. "	11/2 11	1 /1	00	ATTENDING 173	MED.	STAFF 22c.	DATE SIGNED	/	
Kill		6- FG3	Elasul	, Lo DEG	REE PHYS.	DIRECTOR	R L PHYS L	4/2/16	· A-	
22d PHYS CIAN NAME (Type		. 7	LI 1	. 0	22e ADDRESS		1 - 1	/ \	7. 11	
name (d)	JICD	arrox 1,	Mechm		will Have		4 ve, 7 nns	MICH	44.	
23a BURIAL, CREMAT		DATE	23c NAME OF			<b>₽</b> 3d	LOCAT ON (City or Town)	(County)	(State)	
REMOVAL (Specif	Y) L	124163	St. Fe	ters	Cembtery		taton Island			
24 FUNERAL DIRECTO	REP	Floor	ADDRESS		2°a REC D	BY REGIS			edak.	
Simple	ton Fur		me Glen b	urnie	, Md. DATE A	PR 2	3 1968 Jella	arles fo	0	

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05194 05098 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOUR death. (Type or print) Keim Thomas 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) 88 MONTHS male Caus. July 4,1879 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign B. MARRIED TA NEVER MARRIED TO 9. COUNTY OF DEATH country) Penna. USA WIDOWED [ DIVORCED [7] Anne Arundel requires that the death certificate be executed within 24 adpd the attending physician and campletely filled sit permit. Then please remave carban pap 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR Harness Creek draftsman (ret.) INDUSTRY Annapolis Us Gowit 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY Annapolis and in any 14. FATHER'S NAME First Middle last 15. MOTHER'S MAIDEN NAME First D.B. Joseph Keim Gallaher Lilias Paxson 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, na, ar unknown) [ (II yes give wor or dotes of service) crematian, ar remaval, Lilias K. Stevens - Harness Creek none Annanolis CAUSE OF DEATH (Enter only one couse per line for (p)-(b), and (c))
 PART I. DEATH WAS CAUSED BY: BETWEEN OWSET AND CHATE IMMEDIATE CAUSE (e) Canditions, if any, which gave occuration burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been s I far use as the b be retained by the haspital or attending 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO X YES 🖂 far use Health 21g ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detached for State Dept. of H (If either, natify medical examiner) Page 4 may be retained by the haspit to FUNERAL DIRECTOR: After this cert 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21# LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased fram \_\_\_\_\_\_\_, 19\_\_\_\_\_\_, 10\_\_\_\_\_\_\_, 19\_\_\_\_\_\_, that (I) (we) last saw the deceased alive on \_\_\_\_\_\_, 22\_\_\_\_\_19\_\_\_\_\_, ond that in (my) (our) opinion death accurred on the date and from the causes stated above. (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c DATE SIGNED STAFF director, page 3 shauld be filed DEGREE DIRECTOR PHYS 22d PHYSICIAN S 22e ADDRESS Roberto DeVillarreal, MD. NAME (Type) St. Leonards, Cal. Co., Maryland 23a BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) Cremation Ft. Lincoln Crematory

VR A15 [4] 30M REV. 1/68 24. FUMEN DIR TOY E. Hopping - 13

Hopping Funeral Home - Annapolis

256. REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE

DATE MAY 2 968 Electes Junge

7.

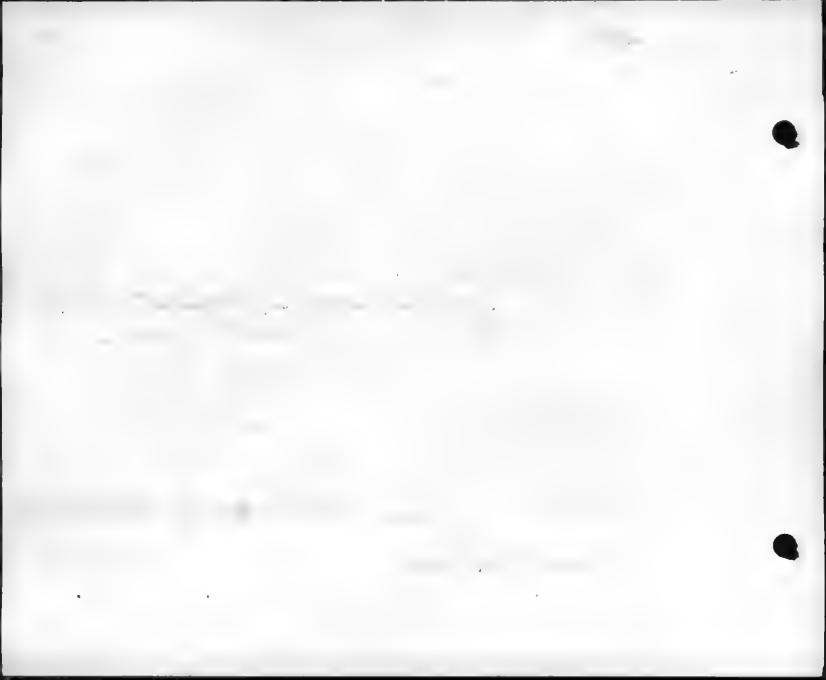
1		MARYLAND STATE DEPARTMENT OF HEALTH	
		05095 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.			Day Year 2b HOUF
of 38 to 5		(Type or Print) Joseph. HENRY Kelpy DEATH MATED 7 4	12 165 P
\$ 60 P	3 9	SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years FUNDER I YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUI
事を		MONTHS DAYS HOURS M.H. Month of Bay	2 Year 1968 P
200	7c	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
		NATUTE NO. U.S.A. WIDOWED DIVORCED   17.11. CO.	N
Poges with for		CITY OR TOWN OF DEATH IN NAME OF HOSPITAL OR INSTITUT ON (if not in haspital 120 USUAL OCCUPAT ON (Kind of work done	12b. KIND OF BUSINESS OR
"O > "	9	give street address)    during most of working   fe, even if ret red     7979 Catherine Ave. Passadona MACHTNEST	INDUSTRY RATTROAD
offer d 8. Give olong w with the	130	USUAL RESIDENCE (Where deceased lived, I institution Residence before 13c CITY OR TOWN 13d historicity limits? 13e STREET AND NUMBER	THE LEADING
N		odmission) STATE MD 136 COUNTY AACO PASADENA YES NO Gatherine. A	VE
hours Item 1 Office I and 2	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Łost
		JULIUS KEIM CHRISTINA BOLLINGER	
hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	'e FAI
	1	Yes, na, or Jakpown) (figes give war or dates of service) XXXXXX FIREARD MOLLAR DR 3 Rox 276 Fee	c. Md.
		18 CAUSE OF DEATH (Enter only one cause per line tor (a) (b) and (c))	APPRIX MATE INTERVAL BEFWEEN ONSET AND DEATH
d be exacuted a "pending" in Chief Medical E tronsit permit F y event within		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Caldel Chimie	Variable And State
pending pending of Medic sit perm		4299 DUE TO, OR AS A CONSEQUENCE OF	
rd "per chief / tronsit ny ever		Conditions, if ony, which gave	
ح تے دوہ		rise to immediate cause (a).  stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
2 > ± = = =		lost. (r)	
		PART 2 OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	_	4 .	
is certificate te, writing the forwarded to is used as a removal, and	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
of for	CERTIFICATION	WAS PERFORMED?	YES NO
		210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, the	em 18)
ER: certifi ould ss. houl	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P M 19	
ute the certing age 4 should your files. Page 3 should, cremation,	ME	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D Na City or Town	County State
te th		WHILE NOT WHILE of octory, office building, etc.)	
Page Page Page Page Page Page Page Page		22a   certify that   taak charge of the remains described above, held on Autopsy   Inspection   Inquiry	, and n my apinia
ICAL I		death resulted fram Natural causes Accident D. Suicide D. Hamicide D. Undetermined manner	
director etoined DIRECT		CHIEF MEDICAL EXAMINER	_
ord di erol di be ret prior		SIGNAPURE	
EPUTY essory, funerol any be r JNERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER 4	1/2/68
		NAME (Type) L. Low horred ADDRESS (Street, city, town, ar county)	ARCS.
the the S mid		BURIA (REMATION. 23b DATE 23c NAME OF CEMPTERY OR CREMATORY 23d WCATION (CTY OF TOWN)	(County) (State)
(m)	20	EXMOVA (Specify) 4/15/68 GIEN HAVEN CEM. HER FURNIE	Att Met
(3)A	24	ADDRESS 2SQ RECD BY REGISTRAR 2SD. REGISTRAR'S S	
10M REV 1/884	4	CCelly BCF FERT HIL BAHMERE BATEAPR 15 1968 yolian	and hundre



05096 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle last 2a DATE OF DEATH 25 HOUR after death Apri and (Type or print) Willie Kilgore M. 5 DATE OF BIRTH 97 3. SEX 4 RACE 6 AGE (in years Poges last-bythday) 07 - 01 - 98Negro requires that the death certificate be executed within 24 havrs af Female 7a BIRTHPLACE (State or fore an 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED physician and campletely filled in South Carolina Anne Arundel Co.. WIDOWED. DIVORCED . 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR Md North Arundel Hosp. during most of working life, even if retired ) PATRIIGNI remave carbon Glen Burnie. 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) Maryland 13b COMmine Arundel Hanover 217 Race Road YES NO and in any 14. FATHER'S NAMI 15. MOTHER'S MAIDEN NAME First Middle Last Middle Last please 16b. SOCIAL SECURITY NO 160/ WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (Myes give war or dates of service) removal, 18 CAUSE OF DEATH (Enter on y one cause per fine for (a), (b), and d(c) PART I DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH b IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Conditions if ony, which gave ) 117050km rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending C FUNERAL DIRECTOR: After this certificate has been the 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING GIS CAUSES OF DEATH? use YES 🖂 NO 🖂 Health 21g ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 5 126 , and that in (my) (aur) apinian death accurred an the date and hour and from the saw the deceased alive on 91xC causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR director, page 3 DEGREE PHYS. PHYS KELLENCE IN 22d PHYSICIAN S 22e ADDRESS NAME (Type) 707 Old Annapolis Rd., Glen Burnée Alejandro Montova 23a BUR AL, CREMATION, 235 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (Caunty) REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR DATE MAY 30M REV 1/68



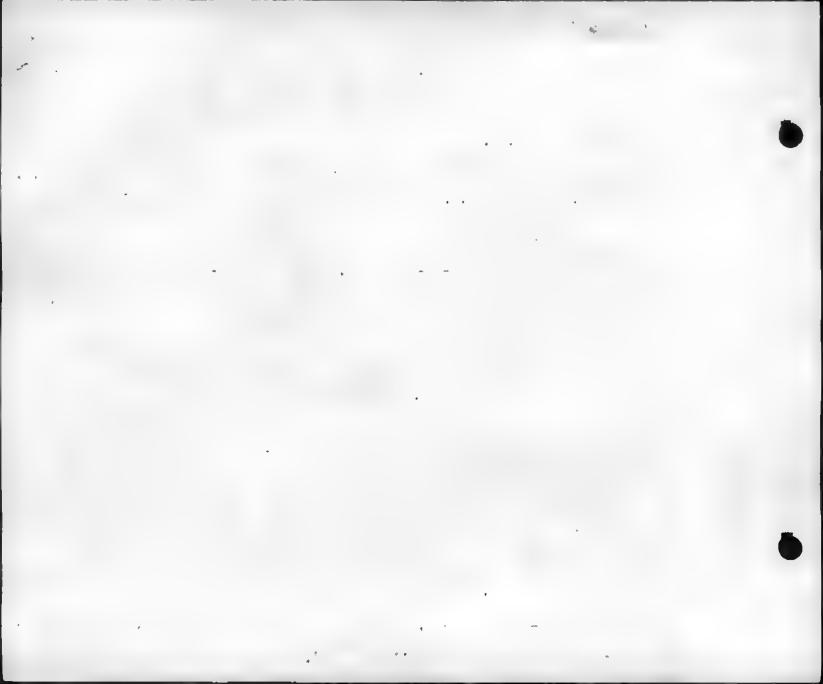
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First lost Middle 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haws after death y the funeral (Type or print) William  $\mathsf{KTMBALL}$ Henry my offer 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR MONTHS HOURS 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT GOUNTRY? 9. COUNTY OF DEATH 8 MARRIED | NEVER MARRIED country) .⊆ lease remove carbon papers. and in any event, within 12 h WIDOWED DIVORCED | Anne Arundel and campletely filled 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION ( f not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR attending physician and camplefely the permit. Then please remove carbon 130. USUAL RESIDENCE (Where deceased lived, if institutions Residence before 13e STREET AND NUMBER CITY OR TOWN 13d. INSIDE CITY EMITS? odmission) STATE 13b. COUNTY 14. FATHER S. NAME Middle Last IS, MOTHERS MAIDEN NAME Middle Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address Loknown) burial, cremation, ar remaval, APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) Conditions, if ony, which gove signed by the burial-transit p rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending as the this certificate has been 19a. DATE OF OPERATION 196 COND TION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING EAUSES OF DEATH? ed far use of Health p YES . NO TO 21g ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) 216 TIME OF INJURY be detached far TOR CONTRIBLTING TO CAUSE OF DEATH HOUR-A.M. Month Dov Yeor (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY ) 21f LOCAT ON STREET OF R.F.D. No. State Dept. 21d. INJURY OCCURRED 21e PLACE OF INJURY State City or Town -County OFFICE BUILDING, ETC While Nat while at work at work O FUNERAL DIRECTOR: After 22a. I certify that (!) (this haspital) attended the deceased from saw the deceased alive an 249 Sand that in (my) (aur) apinion death accurred an the date and haur and from the 3 shauld with the causes stated above, (1) (we) (did) (did hat) view the bady after death 226 SIGNATURE 22c DATE SIGNED director, page 3 DEGREE PHYS DIRECTOR PHYS 22d PHYS CIANS Page 4 may 22e ADDRESS NAME (Type) Frank M. Shipley. 121 Cathedral St., Annapodis. Md. 23c NAME OF CEMETERY OR CREMATORY FENERAL DIRECTOR **ADDRESS** 25g REC'D BY REG STRAR 25b VR A15 (4) 30M REV 1,68



DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a DATE KNOWN X Month 2b HOUR Yeor (Type or Print) ESTI-ELMER GLENN KINCER, JR. 6 DEATH MATED 4-3-68 19 delay and 3 IF UNDER ) YEAR IF UNDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 6 AGE ( n years 2c DATE PRONOUNCED DEAD 2d HOUR rast birthday) 2, and 9-15-40 1968 19:15M Male White YRS To BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED 9 COUNTY OF DEATH TOTTO 8. Give Pages 1, COUNTRY VIRGINIA DIVORCED [ WIDOWED [ 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of working ife, even if retired) Anne Arundel 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Office alang with INDUSTRY REAL Annapolis ESTATE North Arundel Hospital LESMAN 130 USUAL RESIDENCE (Where deceased fived, if institution Residence before 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md 136 COUNTY Charles 803 Kenyon Avenue Waldorf YES 🔀 NO 🗔 l and 2 in Item 1 14. FATHER'S NAME IS. MOTHER S MAIDEN NAME First Lost GLENN KINCER SR SESSIE MAWKINS Examiner's pages hours pencil 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes no or unknown) PATHERINE P. KINCER WALDORF within 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) ) farwarded to the Chief Medical permit. PART I DEATH WAS CAUSED BY: Multiple traumatic injuries IMMEDIATE CAUSE (0) 8/6.0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Ξ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 140.4 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO 🗌 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter noture of in any in Port 1 or Port 2, Item 18.) 0 MEDICAL PRIMARY XOR CONTRIBUTING Driver of car which went through construction CAUSE OF DEATH barrier and over bank 21f LOCATION Street or R F D No 21d NaJRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, Stote foctory, office building, etc.)
Highway WHILE AT WORK AT WORK Rt. #2-Baltimore Beltway Anne Arundel Md. 22a. I certify that I took charge of the remains described above, held an Autopsy [X7]. Inspection . Inquiry . and in my apinian death resulted fram: Natural causes Accident X Suicide 🗍 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED may be re ASSISTANT MEDICAL EXAMINER April 4, 1968 DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 50 230 BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d\_LOCATION (City on Town) (County) (Stote) REMOVAL (Spec ty) KIMBERLIN REGISTRAR'S SIGNATUR HOME WALDORF



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATES	Т	35098 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2
HEALTH DEPT	-		HOU
NO 6 7		(Type or Print) JOHN K. KISINER OF ESTI- DEATH MATED APRIL 3 1968 3	86
3 to Poge Ant of		SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d	HOU
and		MALE WHITE 9-15-08   lost eventually)   MONTHS   MAY   APR. 300   Year 19 68 3	15
1 mg		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED MEYER MARRIED 9 COUNTY OF DEATH	
form form		Pensylvania U. S. WIDOWED DIVORCED ANNE ARUNDEL COUNTY	h
Pages Pages with for	1	CITY OR TOWN OF DEATH III NAME OF HOSPITAL OR INSTITUTION (It not in hospital III 20. USUAL OCCUPATION (Kind of work done 112b KIND OF BUSINES)	5 OR
er de live F ing wi	1	GLEN BURNIE  GIVE street address)  North Arundel Hospital  GLEN BURNIE   .V.	
s after 18 Give along with the		odm ssion) STATE MD. 13b (OUNTY A.A. RIVIERA BEACHES NO DE 140 MEADOW ROAD	
haurs Item 1 Office I and 2 after d	, f	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost	
		John Henry Kisinir Mamie Warner	
hin 24 ncti in niner's pages haurs	Ī	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
within 2 in penal in Examiner File page		No 162-05-7638 Mrs. Hattie Kisiner- same	
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY	
executed and and and and and and and and and an		MMEDIATE CAUSE (o) TOUR CONTROL TO THE CAME	12
be exempled bief Me ansit per event		Cond (ons, if ony, which gove) (b) Nonary Arteriosclerosis (Man	
rand be rand 'p se Chiel al-trans any ev		rise to immediate couse (a) (b) (b) DUE TO, OR AS A CONSEQUENCE OF	-
5 = = = =		lost.	
n		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
2 2 6 6		NONE	
is certificative, writing farwarded farwarded or or remayal on remayal on		196 DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION 20 AUTOPSY?  WAS PERFORMED?	
This offer the contract of the	7	YES N	40 📮
- He B			
INER e ce shau files 3 shu atia	1	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF JURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County	State
EXAMINER: ute the certiage 4 shauld r your files. Page 3 shau		WHILE NOT WHILE AT WORK AT WORK foctory, office building, etc.)	
C 2 50 ~ ~ .		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my a	םוח'מו
CAL I		death resulted from Natural causes , Accident , Suicide , Hamiciae , Undetermined manner	
leas direct tain DIRE		Chief Medical Examiner	
Ty, ple sral d se ret AL D prior	1	SIGNATURE ASSISTANT MEDICAL EXAMINER 22D DATE SIGNED	
		EXAMINER'S NAME (Type) CALLES H. Wirth M.D DEPUTY MEDICAL EXAMINER DADRESS(Street, city, town, or county)	
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr	-	TO BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote)	1
F F		REMOVAL (Specify)  Part of the County Pennsylvania	
		FUNERAL D RECTOR  ADDRESS  250 REC D BY REGISTRAR 40 00 RECOMMENTAL RECOMMENTA	L.
VR A15ME (5) 0M REV 1:68	1	George J. Gonce-4001 Ritchie Hgwy., Baltimered DATE AND 1500	



**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 / apd should b≡ filed with th≡ State Dept. af H≡alth priar ta burial, cremation, or removal, and in any event, within 72 pours and deed. Page 4 may be retained by the hospital or attending physician.

30M REV V68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

05:00

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	ECEASED NAME	First	Middle		Lost	2a DATE	OF DEATH		2b HOUR
1	Type or print) - 105.	coll 1	ECACI	1.7	RERGE	ap	Month 10 Da	Y 196.	5 540 pm
3 5	EX ,	· 4 RACE		S.	DATE OF BIRTH	V	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
	· TAE	WA	-17=		5 19 -	5/	lost birthday)	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (State or fareign	n 7b. CITIZEN OF W	HAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 COUNTY	OF DEATH		
(00)	24.30.	f = 11.4		WIDOWED _	DIVORCED 🔲	1	A		Md.
10	CITY OR TOWN OF DEATH		AME OF HOSPITAL OR INS	STITUTION (If nat a			ON (Kind of work done ing fe, even it retired.)	125. KIND OI INDUSTRY	F BUSINESS OR
12.	HELLE DECIDENCE ON	ritari .		110 (171) 00 70	-11	1915		1100	211-24 50
odm	USUAL RESIDENCE (Where dission) STATE		rion: Kesidence betore	136 CHY OR TO	/1.1	) [3e	STREET AND NUMBER		1
14.	FATHER'S NAME First	Middle	Lost	15. N	OTHER'S MAIDEN NAME F	irst	Middle		Lost
L	_	34. GA	. " 4 1 + 5	Call	14 K 151-	* -			· C
	. WAS DECEASED EVER IN U.:	S. ARMED FORCES? Is give war or dates of service)	16b. SOCIAL SECURITY I	NO. 17. INEC	RMANT		Address		
	7 ( 3	4-4-4-4		1/07	13 tan -1		16 . 16	10000	
	1B. CAUSE OF DEATH (En	ter only one couse per 1	ne for (o), (b) and (c).	)		1	<del></del>		XIMATE INTERVAL ONSET AND DEATH
		IMEDIATE CAUSE (a)	Laster w	g Cit	curyan	010	Corta		
	441.0		AS A CONSEQUENCE OF	1 .	2000	1			1.
	Canditions, if any, which a	(a) (b)	The Contraction	ac legg.	be barre	00 C.	cered design	10	Keny
	stating the underlying colors.	0036	AS A CONSEQUENCE OF						0
	PART 2 OTHER SIGNIFICAN	) (()	ITING TO DEATH BUT NO	OF BELATED TO T	IF TERMINAL DISEASE OR C	ONDITION C	BUCK IN DADT 1/->		
	S S S S S S S S S S S S S S S S S S S	II CONDITIONS CONTRIBU	DINO TO DOCTO BUT NO	OI KELATED TO 11	TE TERMINAL DISCASE OR C	ONDITION G	HVEN OF PAKT I(O)		
NOIT	19g. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	1 206	IF YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
CERTIFICATION					YES NO NO	CAL	JSES OF DEATH?		
	21a. ACCIDENT WAS UNDE			21c. HOW	INJURY OCCURRED (Enter	noture of	injury in Part 1 or Part 2,	Item 1B.)	
MEDICAL	OR CONTRIBUTING CAUSE (If either, notify medical e			,					
W.	21d INJURY OCCURRED				TION Street or R.F.D. No.	(	City or Tawn	County	State
	White Not while at work		CONTACT BONDARD, ETC.						
	22o. I certify that (I	) (this hospital) of	ended the deceose	ed from		, to_	, 19	, tha	t (I) (we) lost
	saw the deceas	ed alive an 77 bove, (I) (we) (did)	(did not) view the	م الحزي ( and ti hady after dec	not in (my) (our) opi	nion deat	th occurred on the d	ate ond hour	ond from the
	22b. SIGNATURE	001c, (1) (11c) (31c)	V = 1	out and acc			22c.	DATE SIGNED	
	10	y m	Amitty	DEGREE		NED. IRECTOR	STAFF D	bort 10	1965
	22d. PHYSICIAN S	1	3 -3		22e ADDRESS			,	10 100
	NAME (Type)	1/ /4/ -	21417 Kg		IMAHIN C	NDG	· , ULVE	COUTE	1-1412
23a	BUR AL, CREMATION,	23b. DATE	23c NAME OF	CEMETERY OR CR	EMATORY	23d ±00	ATION (City or Town)	((oynty)	(State)
	REMOVAL (Specify)	7-17	J' Hru	- Me	"I wake	+	well and later	Received	MX
24.	FUNERAL DIRECTOR	K. reine	ADDRESS		2So. REC D B		R 25b REG STRAR	S SIGNATURE	ge.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert ficate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. to FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in 5y The director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours of

VR A15 (4) 30M REV 1/68

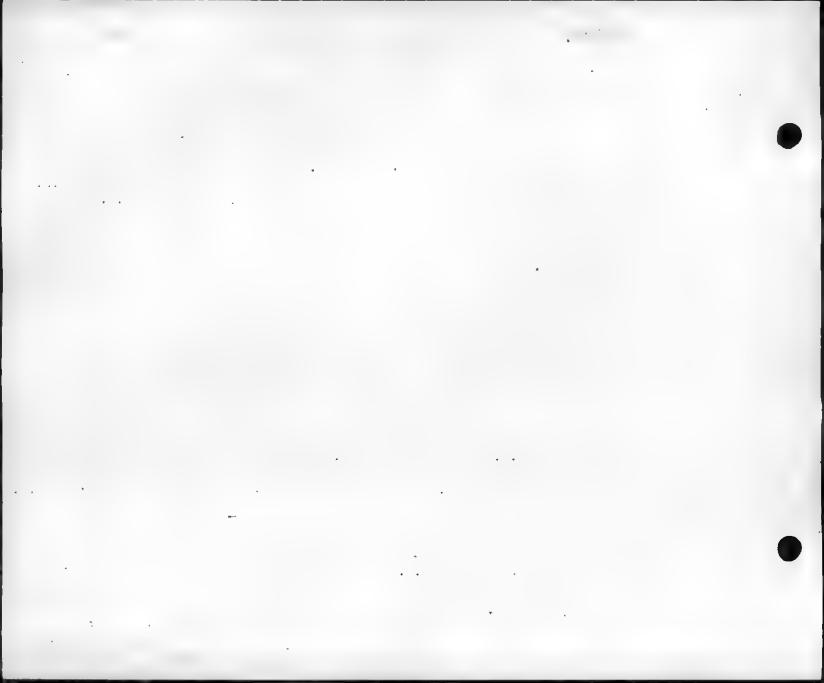
05101

DATE

	CEASED NAME	First		Middle		Last		2a. DATE OF				2b. HQ∐R
(1	Ype or print)	ther		M T	effet				Manth	Day	1968	PM
3 SE		PITCI	4 RACE	110 11	GITER	S. DATE OF B	IRTH		6 AGE (In years	I IF U	JNOER I YEAR	IF UNDER 24 HRS
	emale		Whi	+-		9-10			lost bidinday)	MON	THS DAYS	HOURS MIN
					D	<u> </u>		· collision of		YRS.		
/a (	BIRTHPLACE (State or	- 1		WHAT COUNTRY?	8 MARRIED	NEVER MAI	KKIED	COUNTY OF				
100	"" Maryla	nd	U.S.		WIDOWED	X DIVO	RCED 🗌	Anne A	rundel			Md
10 (	ITY OR TOWN OF DEA	TH		NAME OF HOSPITAL OR INS					(Kind of work de			<b>BUSINESS OR</b>
0	len Burni	e	ĝi,	North Arund	el Hos	ottal	during ma	st of working LSEWIT	Life, even if retire	(d)	INDUSTRY E with	Home
_				tution Residence before	13c. CITY OR		13d. INSIDE CITY LIM		REET AND NUMBER			
	ssion) STATE Maryl			Arundel	Odent	on	YES NO		300 Jac		Gnov	ro Rd
14		First	Middle		4		AIDEN NAME Fr		Mrddl		0104	Last
14. 1	Arth		middle	Phelps	1	) INVINER 3 M	M Markin Markin	laggie	ninggii	• Hc	bod	EUSI
16a.	WAS DECEASED EVER			16b SOCIAL SECURITY N	10 17	INFORMANT			Addres	35		
1	es/hoppr unknown)	(11 yes give wi	or or dates of service)	214-54-93	82 F	atient	's char	t				
	18 CAUSE OF DEAT	H /Enter onl	v dho chura pac	one for (a), (b) and (c)								MATE INTERVAL
	PART 1 DEATH			1 A		ye	Don 1	· Air		}	RETWEEN O	DNSET AND DEATH
	2000	IMMEDIA	TE CAUSE (a)	(Eleans	cer.	1162-C	1CHOLE	61440	Durk			
	-1-77		DUE TO, O	R AS A CONSEQUENCE OF		*		,				
	Canditians, if any, v		(b)	Celle	nol	wes.	de	612-5	2 6020	1:		
	stating the underly		DUE TO, O	R AS A CONSEQUENCE OF	r	1).						
	last	)	(c)	12	12 kg &	te: L	Welle	ter.				
	PART 2. OTHER SIGN	IFICANT CON	DITEONS CONTR	BUTING TO DEATH, BUT NO	OT RELATED TO	O THE TERMINA	L DISEASE OR CO	ONDITION GIVE	N IN PART 1{a}			
			una	,	vec	~ /	truce	1 2	1,7			
CERTIF, CATION	19a. DATE OF OPERAT			WHICH OPERATION WAS PE		20g AUTO			YES WERE FINDIN	IGS CONSE	DERED IN C	FRT FYING
S.	TAL DRIL OF OFERN	170.	conpilion tox	BILLION CHANGE	NI WKINGO	YES	NO X		OF DEATH?	00 (0.101)	DEMED IT C	ERT T THEO
ERTI	TI - ACCIDENT INTE	HADEDINIA	0 021 7155	or numby	Tax 11		A			. 0 1	101	
	21a ACCIDENT WAS			OF INJURY W Manth Day Year	21¢ H	OM INTRKA OC	CORRED (Enter	กด้าน อา เกม	ry in Part 1 ar Pai	it 2, Hem	18)	
MEDICAL	(If either, natify me	dical examin	ner) P.J	VI 19	_ L.							
×	21d. IhauRY OCCUR	RED 210.	PLACE OF INJUR	Y (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY ) 21f LO	DCATION Stre	et ar R F D Na	City	ar Tawn	Co	aunty	State
	While Nat while						2 1		1			
	22a   certify th	at (I) (the	s haspital) a	thended the decease	d from	4/1	11.196	à , ta	4/2	196	P. that	(I) (we) last
	saw the de	ceased a	ive an	1/2/	9 6 5, OR	d that in (n	y) (aur) apir	ian death (	accurred an th	e date c	and hour	and fram the
	causes stat	ed abave	, (I) (we) (di	d) (did nof) view the l	bady after	death. `	,,,,,,					
22b. SIGNATURE 22c. DATE SIGNED								1				
				· Doyles	2 da DEGI	REE PHYS		RECTOR	STAFF PHYS	<	1/2/	1968
	22d PHYSIC AN S	0 >	-21	) . )	1	22e ADI	DRESS / /	. 7 . 3	1 -	5 1 - 11	1 02	16 "
	NAME (Type)	(V. D	ORKA	1/		32	J HOS	pular	observe =	1104	1 7.	1 SUISELLE
230	BUR AL, CREMATION,	23b. [	DATE	23c. NAME OF	CEMETERY OF	CREMATORY		23d LOCATIO	ON (City or Town)	10	(aunty)	(State)
Z30	REMOVAL (Spec fy)		5/68.				Cemete		Odenton.		arvle	
	FUNERAL DIRECTOR	DI	+-011	ADDRESS		-U-L 12(1)				RAR'S SIGN	,	
	nul eton	Tran	al Home		ie. M	ld.	2So REC D BY	R 4	1968 REGIST	Clipy	War V	udge,



1	MARYLAND STATE DEPARTMENT OF HEALTH	/
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  5106	112.
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day	Year 2b HOJ
is of ge	(Type or Print) CHISHALM LEWIS OF ESTI- April 1	1, 1, 687:30
and 3	3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years ) IF UNDER 1 VEAR IF UNDER 24 HIS. 2c DATE PRONOUNCED DEAD	/eor 19 68 7:30
S 1. 2.	7a. BIRTHPLACE (State or foreign country)  7b. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Anne Arunde1	,
death with farm	give street address) Linthicum Hgts. during most af warking life, even if retired.) INDUS	KIND OF BUSINESS OR TRY
hams after death Item 18. Give Pag Office along with Land 2 with the Sta	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY 13d. INSIDE CITY UM.15? 13e. STREET AND NUMBER YES NO 1111-4th St. S.E.	D.C. Washington
	14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
hin nine nine pag	160. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes give wor or doles of service) 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
mecuted Iding'' i Medical permit t withir	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave use to immediate cause (o), stating the underlying cause lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF	
cerificate shauld writing the ward arwarded ta the Cl used as a burial-tr naval, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLY NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a)	
V . 5 ⊃ E	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Parl 2, Hern 18	20. AUTOPSY?  YES NO E
	216. TIME OF INJURY Month, Doy, Year PRIMARY SOFT OF INJURY MONTH, Doy, Year A. M. 4-11-  216. EXTERNAL CAUSE WAS PRIMARY SOFT OF INJURY MONTH, Doy, Year A. M. 4-11-  217. LHOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18  UNK.  218. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18  UNK.	)
= 0 × + 5	21d INJURY OCCURRED   23e PLACE OF INJURY (At home, farm, street,   21f LOCATION Street or R.F.D. No.   City or Town   Country of the building Pt S.   Linthicum Hgts.   Anne Aru	,
ICAL ETA tot. Page ed far yar CTOR: Page burial, cre	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apinia
necessary, please execute the funeral director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page 4 Health priar to burial, crem	ACTUAL SIGNATURE RONALD N. KOTODIUM, M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	D 2-68
10 mg 20 mg	230 BURIAL CREMATION. 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Countermoval Specify)	ty) (State)
VR A15M 197	24 FUNERAL DIRECTOR ADDRESS 2SO. REC'D BY REGISTRAR 2SD. REGISTRAR'S SIGNAT DATE	
TOTAL NO.		3"



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH

					CEKITLI	CATE OF I	ZEMITI				-	- 5	
	CEASED NAME	First		Midd e		Last		2a. DATE OF			.,	2b HC	OUR
(1	Ype or print)	CLIFT	ON	JOSEPH		LEWIS			April	1704	1968		M
3 SE	X		4. RACE	•		S DATE OF BIR	TH		6 AGE (In )		IF UNDER YEAR MONTHS DAYS	HOURS 1	4 HRS
	male		caus.			Nov.	25, 19	903	lost birthd	YRS.	MON 147 Dat 2	NOUKS .	MIN
7a. 1	RTHPLACE (State ar	fareign	76. CITIZEN OF WI	IAT COUNTRY?	8 MARRIEI	NEVER MARR	ED	9 COUNTY OF	DEATH				
cour	Maryla	and	USA		WIDOWE			Anne	Arund	el			Md.
10. (	ITY OR TOWN OF DE	HTA		ME OF HOSPITAL OR IN				AL OCCUPATION			12b, KIND OF		)R
	Anna pol	Lis	give :	reet address) 1411 Popla	ar St.	<sup>A</sup> nnapoli	s ret	ost of working by red pa	a int er	etired )	US Go	vit	
	JSUAL RESIDENCE (V	Vhere decease	d lived, if instituti	on Residence before		OR TOWN	3d MISIDE CITY LH		REET AND NU				
qura	Ma Ma	aryland	13b. COUNTY Anne	Arumiel	Anna	polis	YES NO	141	1 Popl	ar S	t.		
14	ATHER S NAME	First	Middle	Last		IS MOTHER'S MAI	DEN NAME F	irst	1	Viiddle		Lost	
	٤	oseph		Lewis			nnie				Tanner	,	
	WAS DECEASED EVER		D FOR (ES? or dates of service)	16b SOCIAL SECURITY		INFORMANT				ddress	Md	•	
	Ves_	WIW I		213-30-06	594	Clifton	K. Lev	wis - l	411 Pc	plar			
	18. CAUSE OF DEA	TH (Enter only	one couse per lin	ie for (o), (b), ong (	11 11		-	1			SETWEEN DI	HATE INTERVA MSET AND DEA	L ATH
	PART I. DEATH	I WAS CAUSED	BY. E CAUSE (a)	ac. P	wen	man	11	Calin	na		20	lay	<b>D</b>
	442	X	DUE TO, OR A	S A CONSEQUENCE OF	11	1 7	1.1.	1			1 .	1	
	Conditions, if any, rise to immediate		(b)	1/20	OU.	M, h	nyn	Mels	ma		1	s,	
	stating the under		DUE TO, OR A	IS A CONSECTOENCE OF			V						
	last.	,	(c)										
	PART 2. OTHER SIG	NIFICANT CON	ITIONS CONTRIBU	TING TO DEATH BUT I	NOT RELATED	TO THE TERMINAL	DISEASE OR C	ONDITION GIVE	N IN PART 1(d	1)			
8		The c				100 11700	41.0	Tool in	Mee Meeter	lunillion co	Shellscore the cr	DTIE/MIA	
CERTIFICATION	190. DATE OF OPERA	TION 196. C	UNDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20a AUTOP	243		OF DEATH?	INDINGS EL	ONSIDERED IN CE	KHIFTING	
FR	21o. ACCIDENT WA	É LINDEDI VINC	TALL TIME OF	a .	la)	YES 🗌	NU		D . 1	D . O .	101		
	OR CONTRIBUTING		B. 4	Manth Day Yeo		HOW INJURY OCCU	IKKED (Enter	noture of injur	ny in Point I e	r Part 2, 1	18.3		
MEDICAL	(If either, natify m				19	LOCATION OF A	D.F.B. H						
~	21d. INJURY OCCUS While Mat whi	RKED   23e   le [ ]	LACE OF INJUKT	AT HOME, FARM STREET, FA OFFICE BUILDING, ETC.	M. (OKT.) 211.	LUCATION Street	ar K.F.D Na.	. Lify	ar Town	1	County	Sto	)Te
	at wark 🗀 ot warl	k 🖳 📗	handle IV at		ad from	Jan	104	2-10 4	1/12	10/	oS, that	113 true	) last
	saw the d	nar (1) (Inis leceased ali	ve on	ended the deceas	19 0	nd that in (my				n the da	te and hour	and from	n the
	couses sto	ited abave,	(I) (we) (did)	(did nat) view the	bady afte	r death.	, (,		,			,	
	225 SIGNATURE	11111	1 XKg	anton	who	ATTENDING		MED DIRECTOR	STAFF E	221.	PATE SIGNED	25	-
	22d. PHYSICIAN S	20 1		0000	- 2	22e ADDR		- / 4	4		110	0	
١.	NAME (Type)	0/1/-1	CLHW.	MN5,1	n. D.	13/	SOU	THG	ATI-	= 17	VE		
230	BLRIAL, CREMATION	1, 23b. D	ATE	23c NAME OF	CEMETERY C	R CREMATORY		23d LOCATIO	N (City or To	wn)	(County)	(Stote)	
	Burial (Specify)	4/	20/68	Cedar	Bluf	f,		Ann	apolis	1	A.A.	Md.	
24.	HALLA PIRECTOR	E. Hor	ping 1	Sancley	5 8 1	Lynn	2Sa. REC'D B	Y REGISTRAR	1968 RE	GIEFFACE	SIGNAL RE O	edge.	
	Honning I				s Md		DATE			ų		(7)	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages, should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 VR A15 (4) 30M REV, 1/68



				05104						LENT OF HE					
- July -		- mary	T	,						REET, BALTIN	MORE, MAR	YLAND 212	201		
	_ / /\	NE T		em 6 Film G39	- 17 " 7	OO KK		EKIIFIC	ATE OF	DEATH				. 4	18
ath.	- 2 E			CEASED-NAME Fir			Middle		Lost		20 DATE OF D	Month 4	Дду	Kegs 68	2b. HOUR
9	funeral s 1 and renderal	1	A cr		LLIAM 4. RACE		D.		LEW.	and the					M M
offer	he fur		3 SE	Male	4. KACE	T. Do of a	A =		5 DATE OF BI	1/21/08		<ol> <li>AGE (In year last birthday)</li> </ol>			HOURS MIN
hours ofter death	by the f Pages ours-afte		70 B	3-RTHPLACE (State or foreign	7b CITIZEN	Whi		8			COUNTY OF I	59 89	YRS		
4 ho			COUN	Maryland	, Citizen	1 01 191181 (4		WIDOWED	NEVER MAR	RCED (		County			Md
ithin 2	d campletely filled in by the move corbon papers. Pages iny event, within 72 hours at	64		ity or town of death Pasadena		11 NAME O	HOSPITAL OR IN address) Orth Ar	THEFTION (If n	at in haspita		OCCUPATION ( t of working li			126 KIND OF BI INDUSTRY	USINESS OR
×	orbo			USUAL RESIDENCE (Where dece	ased lived, if				TOWN	13d. INSIDE EITY LIMF	15?   13e STRE	ET AND NUME	JER .		
ntec	rever	71		ssion) STATE Marylar	13b. CO		. Δ .	Pasa		YES NO.	_			sadena	
axec	ind campremayer		14. F	ATHER'S NAME First		ddle	Lost			AIDEN NAME Firs		Mic			Last
pe	e rem	- 1		David			Lewis			Unk					
PHYSICIAN: The law requires that the death certificate be executed within 24	physicion. signed by the ottending physicion and campletely filled in buriol-transit permit. Then please remaye corban paper buriol, crematian, or removal, and in any event, within 72			WAS DECEASED EVER IN J. S. A es, no, or unknown) (II yes gov	RMED FORCES	7 rób. rvice)	SOCIAL SECURITY	NO. 17 I	NFORMANT Femil	У		Add	Seme		
certi	ng phy Then emovo		H	18. CAUSE OF DEATH (Enter	only one rous	e per ine for	(a) (b) and (c)	)	7.3		3				TE INTERVAL
÷ ÷	nding it. T			PART I DEATH WAS CAU	SED BY DIATE CAUSE (c	70	I K KARA	aun	Lui	4 (0)	<i>,</i>			BETWEEN ONS	18.2
de	permit.			16d 1	,	, — —	ONSEQUENCE OF	<i>y v v v v v v v v v v</i>	0	1				1/1/	
the	the (sit p			Conditions, if any, which gav	8)	(b)	VIII O								
thot	pnysicion. signed by the buriol-tronsit buriol, crema			rise to immediate couse (a stating the underlying caus	M		ONSEQUENCE OF								
res	signed l signed l buriol-tr buriol, c			lost.		(c)									
200	sig- bur bur			PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMINA	IL DISEASE OR COI	NDITION GIVEN	IN PART 1(a)			
. Vije	een the		NOI	19g. DATE OF OPERATION 119	- CONDITION	COD 18/ILICIA O	PERATION WAS PE	DECRUES	20g. AUTO	nhrvn	non it i	er Webs Sins	UNDE CO	NSIDERED IN CER	TIEVING
ne lo	spriation of energing physicion, ertificate has been signed by ed far use as the buriol-froi of Heolith prior to buriol, cre	Х	FICATION	ITYG. DATE OF OPERATION TY	D CONDITION	FUR WHICH U	PERAIIUN WAS PE	KFUKMED	YES T			DF DEATH?	INGS (Q	MAIDERED IN CER	TIFTING
=======================================			CERT	210 ACCIDENT WAS UNDERLY		TIME OF INJU	RY	21c. #		CURRED (Enter r	nature of insurv	in Part or F	Port 2, 11	em 18.)	
CIA	certificate hed far u tr. of Heal		MEDICAL	on contributing Cause of D	EATH HOU	R A.M. Ma P.M.	nth Day Yeor	*		,	, , ,		,	,	
1YSI	by the naspilar frer this certifica be detoched far Stote Dept. of He		WED	21d N., RY OCCURRED 2	e PLACE OF	NULL AT HO	ME FARM, STREET FA		CATION Stree	et ar R.F.D. Na.	City o	r Town		County	Stote
	this deto			While Not while of work	1.	•			2 70	1 1	1	70		1./	
TENDING Food by the	a by me nos After this ce d be detoche e Stote Dept.			220. I certify that (I) (	this hospito	ol) extende	g the deceas	ed from	7 0	7	, toc	7-70	_, 19_6	that (	l) (we) last
EN	the the			sow the deceased causes stated obo	ve, (1) (we)	(aid) (did	not) view the	bady ofter	death.	ià) (ant) abiu	ion death of	curred on t	ne dai	e ona nour a	na from the
O HOSPITAL OR ATTENE	DIRECTOR: A DIRECTOR: A 3e 3 should led with the			226 SIGNATURE	RIP	1/160	Wells	All MA	ATTENDII PHYS	NG MEI	D ECTOR	STAFF PHYS	22c D	ATE SIGNED	58
AL C		5	П	22d PHYSIC AN S	V / - 1	777	y- wvvv	70 799	22e ADD		ECTOR -	ru()		1 1 0	
PIT	Funeral Director, page of should be filed some states of should be filed should be filed should be filed of the should be	1		NAME (Type) Cha.	rles R	Mac	Donald		32"	5 Hospit	tal Dri	ve, Gl	en I	Burnie,	Md.
HO	rect rect	0	23o.	DESADAGE CO	o. DATE		23c. NAME OF				23d LOCATION			(County)	(State)
07	2 2 5 7	K		REMOVAL (Specify)	/5/68		1.1		Mem Pa	1		Burnie		A Co	Md
	VR A15	68	24	R Cully FA	1. 23	1740	aleys	edan	2/2/5	2SG REC'D BY DATE APR	REGISTRAR 19	6B <sub>SP</sub> REGE	TARS.	Jus Jus	gen



,	ERTIFICATE OF DEAT	,	KTLAND 21201	4	179
Middle	Lost	20 DATE OF			2b HOUR
-	LINTZ SR.	4	Month 222 Do	1968	1045
	S DATE OF BIRTH		6. AGE (In years	F JINDER I YEAR	IF UNDER 24 HRS.
hito	Y 7 7	1004	lost birthday)	MONTHS DAYS	HOURS MIN.

	ECEASED NAME	First	Middle	Lost		20 DATE OF E	EATH		2b HOUR
(	Type or print) ALE	XANDER	-	LINTZ	SR.	4	Month 222 Doy	1968	1045
3. 5	EX	4 RACE		S DATE O	BIRTH		6. AGE (In years	F JNDER I YEAR	IF UNDER 24 HRS.
L.	Male	W	hite	Jul	Ly 7, 18	394	lost birthday) YRS.	MONTHS DAYS	HOURS MiN.
	BIRTHPLACE (State or fore nerry)	ign 7b. CITiZEN OF W	/HAT COUNTRY?	MARRIED 🔀 NEVER I	MARRIED 9.	COUNTY OF D	EATH		
(03	Estonia	U. S	. A.	MIDOMED DI	VORCED	Anne	Arundel		Md
10.	CITY OR TOWN OF DEATH		AME OF HOSPITAL OR INSTI- street address)	TUTION (If not in haspite	al 12a. USUAL	OCCUPATION (	Kind of work done fe, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	Glen Burn	ie B	<u>ox 87 Shor</u>		Ke	tacar	oenter	MOCSIKI	
	STATE (mouseup	deceosed lived, if institution 13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMIT		ET AND NUMBER		
	Md.			Glen Burr			87 Shor	eland	Dr.
14	FATHER'S NAME First	Middle	Lost	IS MOTHER S	MAIDEN NAME Firs	t	Middle		Fast
1,	Matt		Lintz		nna	_		Ler	nna
	WAS DECEASED EVER IN Yes, ha lior unknown) [1]		16b SOCIAL SECURITY NO		T	12.2.	Address		
⊨	0.		180-14-09	968 Hilda	Lintz	(Wite	) As ab		MATE INTERVAL
	18. CAUSE OF DEATH (	Enter anly and couse per t			-				DISET AND DEATH
		IMMEDIATE CAUSE (a)	Kneur	none	<u>a</u>				
	436.4		AS A CONSEQUENCE OF			2000	March.	-	
	Conditions, if any, whice rise to immediate cou	se (n) (D)	erebrova	rscula	2 "	· · ·	cure-	•	
	stating the underlying lost.	cause DUE TO, OR	AS A CONSEQUENCE OF	head	anto	21100	clasor		
	_	ANT CONDITIONS CONTRID	TING TO DEATH BUT NOT			Printed to make		Q.	
	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTROL	NINO 10 OCKIN BUT NOT	KELARD TO THE TERM	MAL DISEASE ORCOR	ADITION GIVEN	IN PART 1(0)		
NO.	19g. DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PERF	ORMED 200 A	UTOPSY?	120h IF Y	ES. WERE FINDINGS CO	ONSIDERED IN C	ER TIEYING
CERTIFICATION				YES			OF DEATH?		
CERT	21a ACCIDENT WAS UN	DERLYING   21b. TIME (	OF INJURY			ature of injury	in Part 1 ar Part 2, 1	Item 18.1	-
MEDICAL	OR CONTRIBUTING CAJ				(2		,	,	
WED	21d INJURY OCCURRED	21e. PLACE OF INJURY	AT HOME, FARM, STREET FACTO	RY.) 21f. LOCATION S	treet or R.F.D. No.	City o	r Town	County	State
	While Not while at work		OFFICE BUHLDING, ETC	1	/	- 7	/ /		
	22a   certify that	(I) (this bosnital) att	tended, the deceased	from /0/4	196	1, to 4	22/, 199	S. that	(I) (June) Inst
	saw the deced	ised alive an	19	<b>GX</b> , and that in	(my) ( <del>ear)</del> apini	an death oc	curred on the da	te and havr	and from the
	22b JGNAJ GRE	abave, (I) (we) (dut)	(did not) view the bo	ady after death.			/	DATE FIGURE	4
-	ZO SUNDOKE	19/10-	10/1		IDING MED		STAFF - 4	DATE SIGNED	10
	22d PHYSICIAN'S	11 ports			ADDRESS 5/0	ECTOR L	PHYS.	27/00	(RAAD)
	NAME (Type)	MOND Z.	MOUSHAM		GLEN		RNIE	MEN	2106
23a	BUR AL, CREMATION,	23b DATE	23c NAME OF CE	METERY OR CREMATOR	T.	23d. LOCATION	(City or Town)	(Caunty)	(Stote)
١.	REMOVAL (Specify)	4/23/68		aven Ceme	1		, ,	. ,,	Md.
	FUNERAL DIRECTOR		ADDRESS		25g, REC'D 8Y	REGISTRAR	25b REGISTRAR S	SIGNATURE 4	

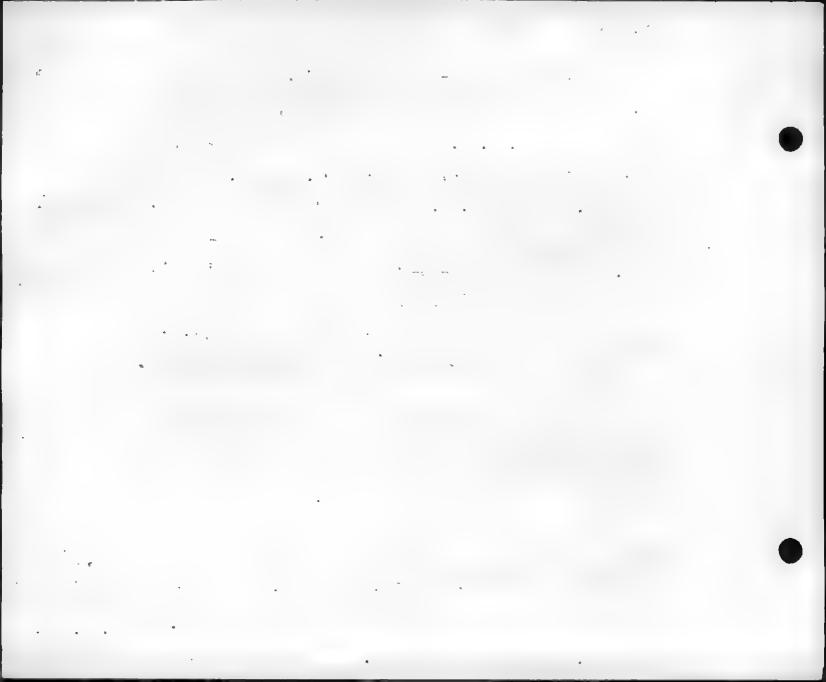
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in By director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon popers. Posthauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 hours

VR A15 (A) 30M REV 1/68

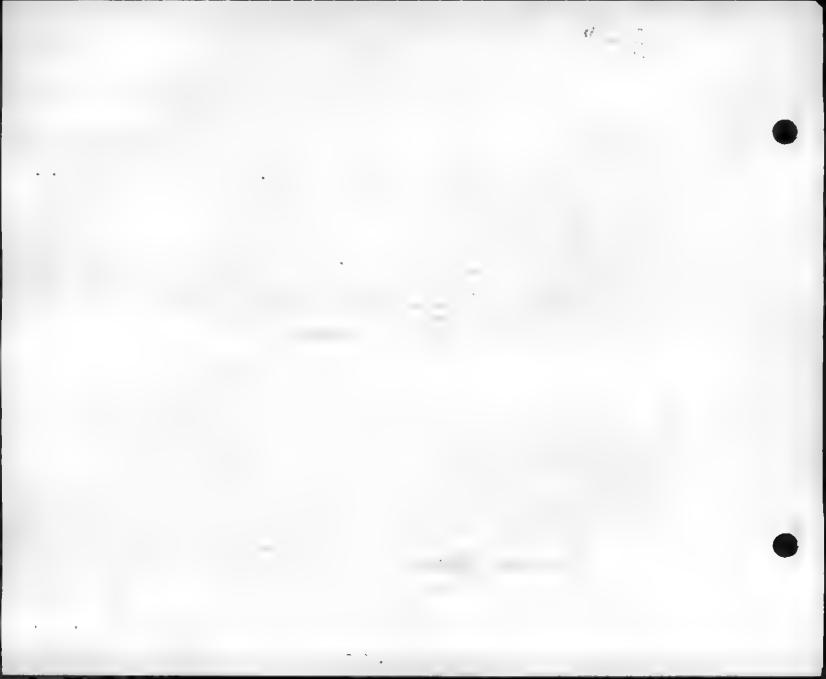
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24-house Page 4 may be retained by the hospital or ottending physician.

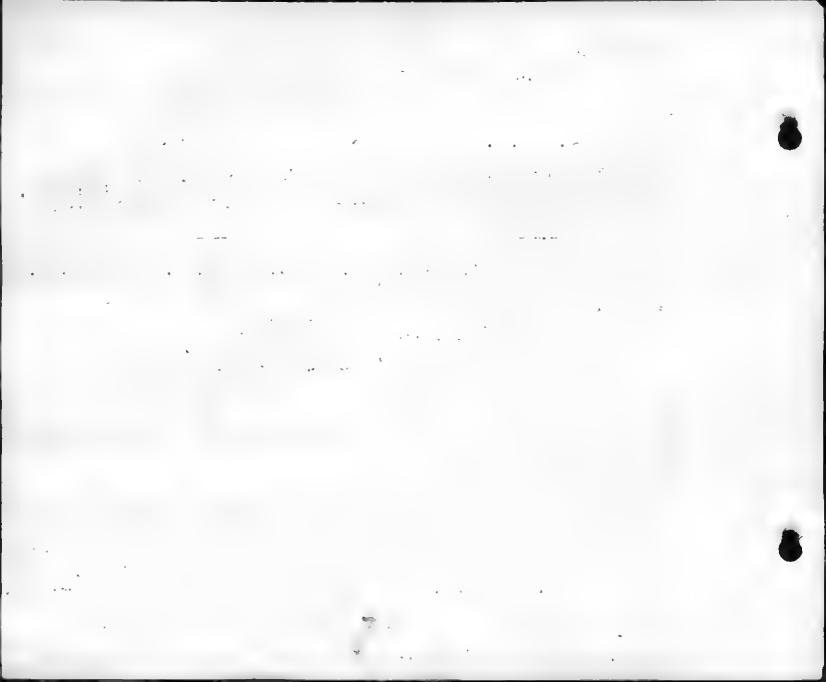
ADDRESS Raymond C. Fink Glen Burnie, Md. 250. REC'D BY REGISTRAR DATE APR 25

256 REGISTRAR S SIGNATURE 1968 Clianles

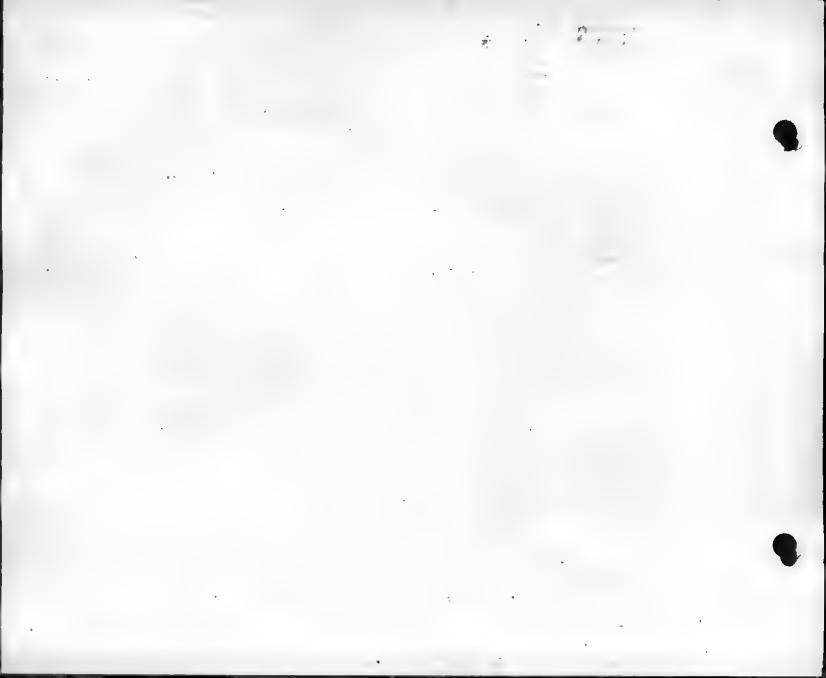


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH First Middle 2b. HOUR death. (Type or print) 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) MONTHS HOURS 3 9. COUNTY OF DEATH To. BiRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DC DIVORCED [ within 72 WIDOWED [ Anne physician and completely filler bo 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR low requires that the death certificate be executed within during most of working life, even if retired)
Ret. Railroad Engineer give street address) Please remove corbon BURNIE N.A.C or removal, and in any event, 130 USUAL RESIDENCE (Where deceased aved, if institution: Residence before 13e. STREET AND NUMBER 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES NO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle Lost Unknown Phillip Daniel Lipscomb 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) [If yes give war or dates of service] record NO APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p burial, crematia Conditions, if any, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSPQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to l the hospital or attending this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO I 210 ACCIDENT WAS JNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) ğ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT NOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No County State City or Town White Not while of work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased framand that in (my) (aur) apinion death accurred on the date and hour and from the saw the deceased alive an.... be retained causes stated abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR director, poge should be filed 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) 500 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23a BURIAL, CREMATION, REMOVAL (Specify) Md. Meadowridge Memorial Park Dorsey Howard Co. REGISTRAR FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68 Patapsco Ave.





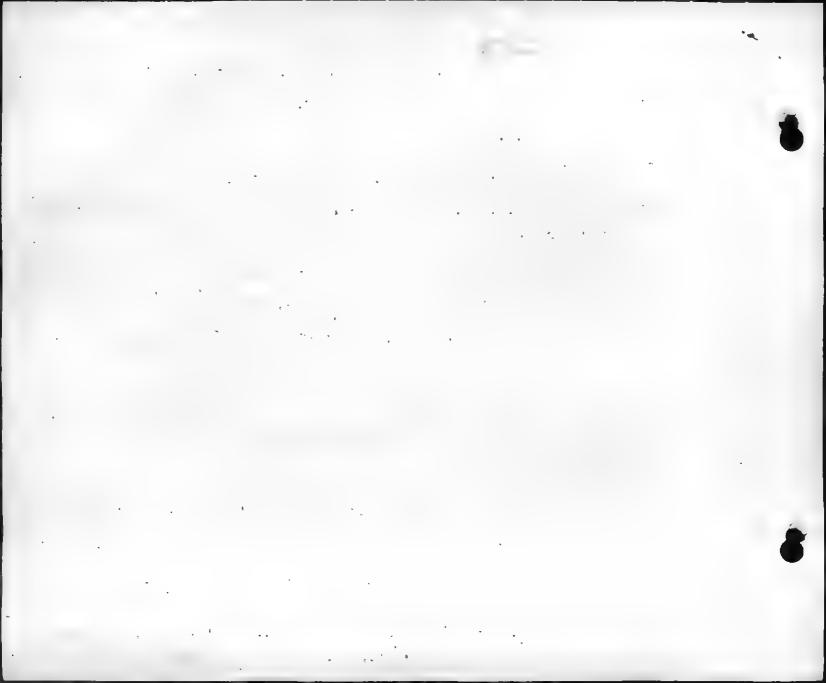
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 25108 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2o. DATE OF DEATH 2b. HÖUR (Type or print) Month Elizabeth pril 5:10AM LOVERING S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthdoy) event, within 72 hours aft August 3 1881 Female. Caucasian 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED X NEVER MARRIED country) leose remove torbon popers. WIDOWED FT DIVORCED [7] Anne Arundel requires that the death certificate be executed within 24 completely filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 UStrA. OCC. PATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired)
Milliner (ret.) INDUSTRY Millersville Knollwood Manor Nursing retail sales 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, City OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY NO T Maryland 1207 Winer Rd Odenton burial, cremotion, or removol, and in any 14. FATHER S NAME S MOTHER'S MAIDEN NAME First Henry Raigh Whi te Address 207 Winer Rd 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, ar unknown) (If was give war at dates of service) Thomas Lovering (husband) Odenton. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. Gram-negative septicemia days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) (b) Urinary tract infection 3 months **burial-transit** rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF more than stating the underlying cause (c) Left hemiparesis from cerebral thrombosis one year PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for Funeral Director: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept of Health prior to the hospital or ottending Arteriosclerosis, general and cerebral-190 DATE OF OPERATION 20n. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH? NO EXE None YES T 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street of R.F.D. No 21d. INJURY OCCURRED City or Town State County While Nat while at work 22a. I certify that (1) (the chospital) attended the deceased from January 4, 19.68, to April 9, 19.68, that (1) free last saw the deceased alive on April 4, 19.68, and that in (my) cost opinion death occurred an the date and hour and from the O HOSPITAL OR ATTENDING Page 4 may be retained by causes stoted above, (1) (we) (aid) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED 2GK April 9, 1968 DEGREE DIRECTOR PHYS 22d PHYSICIAN'S 22e ADDRESS NAME (Type) Charles W. Kinzer, M. D. 16 Murray Ave., Annapolis, Maryland 23g BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) Re SWOYAN (Specifica) Dunmoore Cemetery Dunmoore Dackawan a 25a REC D BY REG STRAR 25b REGISTRAR S S GNATURE 24BBWEN 11860RE. Hopping 30M REV 1/68 Hopping Funeral Home - Annapolis



requires that the death certificate be executed within 24 haufs

has been

Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate



MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	01
FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	*
HEALTH DEPT. 1 DECEASED-NAME Trype or Print) Middle Lost 20 DATE K	NOWN Month Day Year 2b HOUR
S 2 % TO DEATH M	MATED 4 / CA /F A
3 SEX A RACE S. DATE OF BIRTH JULY 200 AGE (In years In JULIX 24 FIRS) 2c. DATE PRO Month OAYS HOURS MAN Month	ONOUNCED DEAD  Year 45-  A N
70 BIRTHPLACE (State or foreign To CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED 9 COUNTY OF DEAT COUNTRY) WIDOWED DIVORCED 19-11. C	
10 CITY OR IOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito lize usual occupation (K) give street oddress)  12 during most of working life	ind of work done 12b KIND OF BUSINESS OR INDUSTRY
O TO B OD ODDINGSION) STATE M () 13b. COUNTY HOWARD N LOWRED YES NO IN	AND NUMBER
The state of the s	M-ddle Lost
160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes give war or dates of service)  WHEE Y  17. INFORMANT  Rudalph Macey	ADDRESS Lawrel ml.
The CALINE OF DEATH (Enter on y one course per line for (a) (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove is to immediate cause (a).  DUE TO, OR AS A CONSEQUENCE OF	modelin
Conditions, if ony, which gove is to immediate couse (a), storing the underlying couse last.	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2.	ART 1(a)
190. DATE OF OPERATION 190. COMD T ON FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in	20. AJTOPSY?  YES NO NO
210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter noture of injury in	Port 1 or Port 2, Item 18)
CAUSE OF DEATH  AT WORK AT WOR	Town County State
220. 1 certify that Took marge of the remains described above, field on Autopsy Inspection	Inquiry . ond in my opinion
CHIEF MED CAL EXAMINER	Imined monner [_]
SIGNATURE / LUCLULAR ASSISTANT MEDICAL EXAM NER L.I	22b DATE SIGNED 4-7-6-8
EXAMINER'S NAME (Type)  230 BURIAL, CREMATION, 23b. DATE  231 NAME OF CEMETERY OR CREMATORY  232 LOCAL ON (C.	)
230 BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. (OCATION (C)	irty or Town) (County) (Stoly)
VR ATSMELT 10M REV 124 FINERAL DIRECTOR LANGE LESS CALL THE DATE ADD 15 196	256 REG STRARS SIGNATURE  ACCIONAL JUNGE

Ruddles Marey Landel ht.

m

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20 DATE OF DEATH 26 HOUR (Type or print) CRISTOBAL (NMN) MATIZ 4 RACE S DATE OF BIRTH 6 AGE ( n years requires that the death certificate be executed within 24 hours after 3. SEX Jost brithday) MONTHS 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY2 8 MARRIED NEVER MARRIED WIDOWED DIVORCED ond in ony event, within 72 LIDDINES ANNE ARUNDEL TO CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspita. 12a USUAL OCCUPATION (Kind of work done give street address) remove carbon ANNAPOLIS 13d INSIDE CITY EMMITS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136 CITY OR TOWN admission) STATE 13b COUNTY Middle 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? JZ. INFORMANT Address Yes, no or upknown) signed by the attending physi buriol-transit permit. Then pl buriol, cremotion, or removal, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause by the hospital or attending physicion. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to t 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ be detached for use State Dept. of Health O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21F LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Mat while at wark at wark 22a. I certify that (I) (this haspital) attended the deceased from \_\_\_\_\_\_\_\_, 19\_\_\_\_\_\_, 10\_\_\_\_\_\_\_, 19\_\_\_\_\_\_, that (I) (we) lost saw the deceased alive an APRIL 6 \_\_\_\_\_\_\_1968 , and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR APRIL 7. 1968 DEGREE PHYS O HOSPITAL 22d. PHYSICIAN 22e. ADDRESS NAME (Type ANNAPOLIS. Should LOCATION (City on Town) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION REMOVAL (Specify) 25b. REGISTRAR S SIGNATURE **ADDRESS** 2So REC'D BY REGISTRAR FUNERAL DIRECTOR



1		MARYLAND STATE DEPARTMENT OF HEALTH	
TOD CTATE		05112 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
FOR STATE	1 D	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECEASED NAME  First  Middle  Lost  20 DATE KNOWN Month Doy	Year 2b HOUR
MEALIN DEFI.		Type or Print) Chineles NMN Matthows DEATH MATED 47	Year 2b HOUR
3 to 3 to 90 to 15	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE, n years IT LINDER 1 YEAR IF LINDER 24 HRS 2c, DATE PRONOUNCED DEAD	2d HOUR
Wand de		M C 12-23-1932 JS YRS MONTHS DAYS HOURS MAN Month 4 Doy 7 YE	1968 D M
or 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	7g, g/ur	BIRTHPLACE (State or foreign 72 CHITZEN OF WHAT COLINTRY? 8 MARRIED MEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED 7. CO. N.	1d. M
Poges with for		CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUT DN (If not a hosp to) 120 USUAL OCCUPAT ON (Kind of work done 12b KI	IND OF BUSINESS OR
r der		In repolis Que street oddress) Don-Hance Meunde / gen LA Doner - (Leaker	RY
s ofte 18. Galan alan with death		LSUAL RES DENCE (Where deceased lived, if not tutian. Res dence before 13c CITY OR TOWN 13d INSDECTIVE LIMITS? 13e STREET AND NUMBER 13b COUNTY AACO ALLOWAYSOLIS YES NO 59 Clay 54	
hour Item Office I and 2	1	FATHERS NAME FIRST Middle Jost IS MOTHER'S MAIDEN NAME FIRST Middle CONSE NMN MATTHEWS CELSICE NMN Brook	Lost
with n 24 Exominer's File pages 1 72 hours	160	WAS DECKASED EVER IN U.S. ARMED FORCES?   166 SOCIA. SECURITY NO.   17 INFORMANT ADDRESS A- HVA	POLISTAID
	L (	(If yes give war or dates of service) UNKNOWN GEOTE MATTHEWS ST. 59	WAS G.ST
70 := 5			APPROX MATE INTERVAL ETWEEN ONSET AND DEATH
e executed pending' in of Medica E sit permit. F vent within.		IMMEDIATE CAUSE (0) CONGESTIONE WELL CHESTIAN	,
d be executed d "pending" Chief Medica transit permit. y event withi			under
Grid by the state of the state		rise to immediate cause (a).  stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
2 2 4 12 1		last (c)	
onc		PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)	
certif co , writing orwarded used as moval, o	CERTIFICATION		20 AUTOPSY?
3 4 8 5	EEE	WAS PERFORMED?	YES NO
필급 물 이		2 o EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Doy Year HOUR A.M. 21c HOW IN. JRY OCCURRED (Enter nature of injury in Part 1 ar Port 2, tem 18)	
EXAMINER: ute the certifage 4 should your files. Poge 3 should tremation,	MEDICAL	21d JAJURY DCCURRED 21e PLACE OF N.JRY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Town Cour	nty Stote
examute the sign of the sign o		WHILE AT WORK AT WORK C	
Page of , and a di, and a			and in my aph an
SiCAL I		death resulted from Natural causes . Accident . Suicide . Ham cide . Undetermined manner	, ,
leose direct direct staine DIREC		ACTUAL CHIEF MED CAL EXAMINER C	
<u> </u>		SIGNATURE	8
DEPUTY Decessory, phe funeral S may be re FUNERAL Geofth prior		DEPUTY MEDICAL EXAMINER ADDRESS (Street, city town, or county)	10
0 = + ~ 0 ± /	230	A BURIAL CREMATION, 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d ,OCATION (City or Town) / (Country)	y) (State),
	1	SEMOVAL (Specify) Apr. 1768 PINE LAWN ANNAPOLIS-	-/r/d.
4/1/	24	FUNERAL DIRECTOR 250 RECID BY REGISTRAR 286 REGISTRARS S GNAT.	
VR A15ME (5)		Charles F. Hickorthyward DATE and 1 5 4000 Villands	y Judges



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 25.1 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH DECEASED-NAME First Middle 2b HOUR Meath. low requires that the death certificate be executed within 24 hours after death puo (Type or print) ottending physicion and completely filled in by the funeral permit. Then please remove carbon papers. <u>Pages, I</u> and McGLONE GEORGIANA (Anna 5. DATE OF BIRTH 15 LINDER 1 YEAR IE LINDER 24 MRS 3. SEX 4. RACE 6 AGE (In years MONTHS DAYS HOURS White lost birthday) Female July 13, 1895 72 YRS 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Anne Arundel Co. U.S. DIVORCED WIDOWED 12e USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12b KIND OF BUSINESS OR 237 Kenwood Road during most of working life, even if retired ) INDUSTRY Riviera Beach event, 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, City OR TOWN 13d. INSIDE CITY EIMITS? 13e STREET AND NUMBER 13b. COUNTY Anne odmission) STATE Arundel Riviera Bears Kenwood Road IS MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Middle Last First O'Neill Margaret Charles Heiderman 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no er unknawn) frs. Catherine T. Czako same removo APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ö IMMEDIATE CAUSE (o) cremotion. Conditions, if any, which gave buriol-transit rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) the O FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED SD CAUSES OF DEATH? YES 🗀 NO F the hospitol or 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY P HOUR A.M. OR CONTRIBLTING CAUSE OF DEATH Month Doy Year P.M (If either, natify medical exominer) etached 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of wark ot wark 22a. I certify that (1) (this hospital) attended the deceased from 19 68, and that in (my) (evr) apinian death accorred on the date and have and from the saw the deceased alive an\_ be retoined causes stated abave, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE DIRECTOR PHYS pode 22d. PHYSICIAN S 22e, ADDRESS director, po NAME (Type) 23d. ¿OCATION (City or Town) 230 BURIAL, CREMATION 23b DATE 23r NAME OF CEMETERY OR CREMATORY (County) (State) BUT A Specify) 4-15-1968 Baltimore, Maryland Baltimore National Cem. 250 RECD BY REGISTRAR 24. FUNERAL DIRECTOR George J. Gonce-4001 Ritchie Hgwy. Baltimore



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH , DECEASED NAME M'ddle 2a DATE OF DEATH Lost 26 HOUR death. 1-Month 714 Day (Type or print) Frances Cambas McNulty 1:30pm 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years requires that the death certificate be executed within 24 haurs after MONTHS HOURS 2 August 1911 Female Cau. 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 8 MARRIED 😭 NEVER MARRIED 🦳 (ountry) Ohio U.S.A. DIVORCED | Ann Arundel WIDOWED | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of warking life, even if retired.) Ft. Geo. G. Meade Army Hosp. Service 13a. USUA. RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 136 Tauren Dr. 13d. NSIDE CITY LIMITS? admission) STATE Province Georges YES 🔼 remove any 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle Last Middle and in George Cambas Anaatacia Vilanstaupaulo physician of the please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknawn) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 107-07-8178 Mr. Robert MeNulty same as 13e and 13c 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Metastatic Breast Carcinoma yrs IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 30% 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY. \ 21f LOCATION Street or R.F.D. No. State City or Town County White Not while at work O FUNERAL DIRECTOR: After 1900x xtg 14 April 1968 AKGAROGOGG 22a. I certify that ANORSON South December of the deceased shows died 1925..., and that in (my) (50%) apinian death accurred an the date and have and from the be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22; DATE SIGNED April 1968 PITT MC-DEGREE director, page should be filed Page 4 may 22d. PHYSICIAN'S KIMBROUGH ARMY HOSP. FGGM Md. 20755 Joel Curtis CPT. MC NAME (Type) BURIAL CREMATION, 23b. DATE -23c MAME OF CEMETERY OR CREMATORY 23d, LOCATION (C ty or Town) (County) 例OVAL (Specify) TION, 24 EUNERAL DIRECTOR 2Sg REC'D BY REGISTRAR 255 REGISTRAR S SIGNATUR VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 5 & 6 Film G399 4/18/68 EXERTIFICATE OF DEATH 25 HOURD First Middle DECEASED NAME Lost 20 DATE OF DEATH (Type or pant) METZ Charles Lawrence 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years SETTIMOSE I YEAR lost bithday) MONTHS OAYS HOURS Nov. 1. 1904/ 1903 Male White 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED Maryland U.S. WIDOWED [ DIVORCED [ Anne Arundel 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USLAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) Western Meet during most of working life, even if retired ) corban Annapolis and campletely Anne Arundel Gen. Hosp. 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Anne Arundel NO V Rt-1, Bex-490 remove Arnold duy 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Charles and in Thk letz please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) 216-03-70/.0 APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH signed by the burial-transit p Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? ATTENDING PHYSICIAN: The YES XX NO I O FUNERAL DIRECTOR: After this certificate O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or 216 ACCIDENT WAS LINDERLYING 216. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) ţ, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d IN JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. County Stote City or Town While Not while of work 22a. 1 certify that (1) (this haspital) attended the deceased from 19 on that in (n and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did not) view the body after death 225. SIGNATURE 22r DATE SIGNED MED DIRECTOR DEGREE director, page should be filed PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY BUR AL, CREMATION REMOVAL (Specify) Glon 6 upi'. urnie, Glen Haven Temorial 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2SO REC'D BY REGISTRAR Ochania Judge Birkler Funeral Home, Glen . urnio. 30M REV 1968 DATESPR



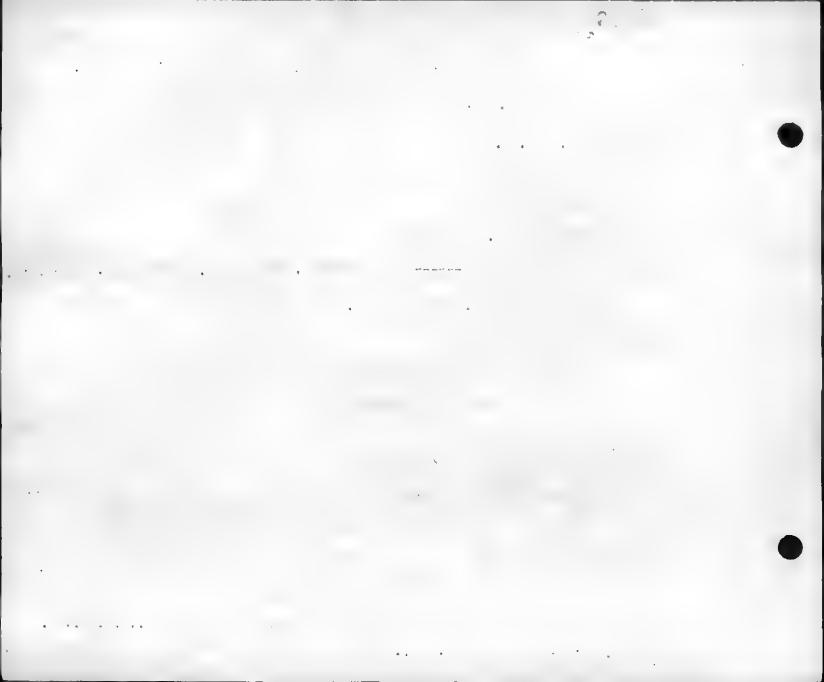
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7 27 43 CERTIFICATE OF DEATH Middle First Lost 2a. DATE OF DEATH 2b. HOUR P (Type or print) Herbert MEYERHOFF George 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (In years IF UNDER FYEAR requires that the death certificate be executed within 24 hours after lost birthday) 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Then please remave carban papers. mavol, and in ony event, within 72 h country) WIDOWED DIVORCED [ Anne Arundel 10 CITY OR TOWN OF DEATH MAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY . 130. USUAL RESIDENCE (Where deceased lived, if institutions Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS 13e STREET AND NUMBER odmission) STATE 136. COUNTY 14 FATHER S-NAME TEORAF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, pr/Lnknown) (If yes give war ar dates of service) or removol, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c)) BETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY cremation, Canditions, if any, which gave ) burial-tronsit rise to immediate cause (o) DUE TO, OR AS A CONSEQUENCE the hospital ar ottending physicion. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the prior to b Page 4 may be retained by me more to been of FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 205. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X for use YES [ 20 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of mjury in Part 1 or Part 2, Item 18) OR CONTRIBLTING CAUSE OF CEATH HOUR A.M. Month Day Year detoched for the dept of the (If either, not fy medical examiner) (AT HOME, FARM, SIREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Tawn Caunty While Mot while T of wark of wark 22a I certify that (1) (this haspital) attended the deceased from 12 428, 196 , and that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased alive an\_\_\_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS Stephen B. Hiltabidle, M.D. 121 Cathedral St., Annapolis, Md. director, 1 should be BUR AL CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY



IF 1			PARTMENT OF HEALTH	
FOD STATE IN		05117 DIVISION OF VITAL RECORDS, 301 W. PREST	CERTIFICATE OF DEATH	
HEALTH DEPT	1 D	ECEASED NAME First Middle	LOST 20 DATE KNOWN Month	Doy Yeor 2b HOUR
Seg 5		ype or Print) FRANK	Willer DEATH MATED 7	Doy Yeor 2b HOUR
# 30 m	3 5		OF OF ONDER I YEAR FUNDER 24 HRS. 20 DATE PRONOUNCED DEAD	2d HOUR
8 EM _ E		M W 12/24/10 5 HOOY	WAS MONTHS DAYS HOURS MAN Month of Day 7	Yeor God MM
P. P			MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
te for es	(OJr	renna. U.S.A.	W DOWED DIVORCED	.M.Co Md
death e Pages with for	10 (	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUT  give street oddress)		12b KIND OF BUSINESS OR NDUSTRY
, > E =	71	JSUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c C	CITY OR TOWN 3d inside city with 157 13e STREET AND NUMBER	Armaco Steel
wi wi		dm ssion) STATE A D 13b COUNTY A H CO.	YES NO 203 MOUNTAIN	is Rd.
hours item 1 Office lond2 ofter d	14. F	ATHER S NAME First Middle Lost	15 MOTHER 5 MAIDEN NAME First Middle	Lost
4 C W W		? Miller	Ann	?
within 24 pencil in xaminer's ile pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  85, 70, or unknown) (If yes give wor or detes of service)	17 INFORMANT ADDRESS	
will xar ile		No. 10 (11) (11) (11) (11) (11) (11) (11) (	Mrs Mabel I Thomas Same	APPRDXJMATE INTERVAL
ar t		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY	erula Cr. B	BETWEEN ONSET AND DEATH
e executed pending of Medical sit perm t.		MMEDIATE CAUSE (a) ACONSEQUENCE OF	grand or a	South
d be ed 'per Chief I rronsit		Conditions, if any, which gove		
should be to word "per or the Chief" buriol-transit		rise to Immediate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
the word to the C to buriol-tr		lost. (c)		
irate ing 11 ded 1 ded 1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
writh writh orwar orwar used mova	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH	OPERATION	20 AUTOPSY?
is a sister of a s	I I	WAS PERFORMED?		YES NO
		210 EXTERNAL CAUSE WAS 21D TIME OF INLURY Month, Doy, Year HOUR A M. 19	21c. HOW INJURY OCCURRED (Enter noture of njury in Port I or Port 2, but	em 18)
CAMINER: te the certifie 4 should rour files oge 3 shou c	MEDICAL	21d INJURY OCCURRED   21e PLACE OF INJURY (At home, form, street,	21f LOCATION Street or R F D No City or Town	County State
EXAMINER: ute the certage 4 shoul your files Poge 3 shoul, cremotion		WHILE NOT WHILE foctory, office building, etc.)		
Cecuri Cecuri Pag For y		220 I certify that I took charge of the remains described ob	ove, held on Autopsy , Inspection , Inqu'ry	ond in my opinion
e exect tror Pa red for ECTOR: burrol,		deoth resulted from Notural couses , Accident	, Suicide , Homicide , Undetermined monner	
directair DIR		ACTUAL The Period	CHIEF MEDICAL EXAMINER	
ry, perdlerdles		SIGNATURE / New freuel	M D ASSISTANT MEDICAL EXAMINER 22b DATE:	SIGNED 7-68
o DEPUTY  necessary, please the funeral direct  may be retain  o FUNERAL DIRE  Hinalth pr or to		EXAMINER'S ELINAROLF	DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	MMED.
The the the control of the control o	230	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETI		(County) (State)
Y			Memorial Park Baltimore, Plan	ryland
10 A 15 ME 15)		FUNERAL DIRECTOR ADDRESS  ADDRESS  Manual I Bread I Bread Manual Manual Manual I Bread I Bread Manual Manua	250 REED BY A GISTRAM 98 250 REED BASS	The forther
VR A15ME [5] 10M REV 1/68	T	onard J Ruck Inc. Baltimore, Mary	Land DATE	



, 1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 2 .
HEALTH DEMTI		ECEASED NAME Type or Print)  Thorags  Widdle Lost  OF ESTI  DEATH MATED 4	Doy Year 26 HOUR  7 659
deloy and 3 M3. Reg	3 5		4 Yeor P
s 1, 2, orm Pl		BIRTHPLACE (Stole or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED D VORCED	M
fer death Give Poge ing with fi th the Stati th.	سمرا	11 NAME OF HOSP, TAL OR NSTITUTION (If not in hosp-to)  ASSIGNATION (Kind of work done during most of working life, even if retired)	126. KIND OF BUSINESS OR INDUSTRY
alo alo deor		USLA. RESIDENCE (Where deceosed I ved, if institution Residence before 13c CITY OR TOWN  3d MISIDE CT A 157  13e STREET AND NUMBER  THE NOTE OF THE PROPERTY O	Kruk Or
hours Item 1 Office I ond 2	14 1	ATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Lost
S S		THOMAS R. Millsap Betty Anne Cook	
within 24 n pencil in Examiner's Examiner's File poges 1.72 hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (es no or unknown) (es give wor or dotes af service)  16b. SOCIAL SECUR TY NO.  17. INFORMANT  Thomas R. Millsap-Rt.11, Box 59H	Colony Read
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
X D X O +		910 9 DUE TO, OR AS A CONSEQUENCE OF	
on el-		rise to immediate couse (o).  stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
4 4 4 P		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a)	
vertificate verting the rworded to rsed as a novol, and	2	927.0	
his certificat ote, writing e farworded be used as o removol, an	CERTIFICATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. ALTOPSY?  YES NO PO
iffico de be de be uld b	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING DECONTRIBUTING DECONTRIBUTION DE CONTRIBUTION DECONTRIBUTION DE	tem 18.)
EXAMINER: ute the certi age 4 should your files. Page 3 shou	MED	21d N.URY OCCURRED  21e. PLACE OF NJURY (At home, form, street, white Not while Not while Not while Not work No	County State
		22a. I certify that I taak charge of the remains described above, beld an Autopsy , Inspection , Inquiry	
Sistemant Sistem		death resulted form. Matural causes, Accident, Suicide, Hamicide, Undetermined manner	
y, pleer reto AL DI Prior 1		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE	ESIGNED 4-4-68
ro DEPUTY necessary, i the funeral 5 may be n o FUNERAL Hea th print		EXAMINER'S NAME (Type)  Examiner  ADDRESS (Street, cty, town or county)  ADDRESS (Street, cty, town or county)	4-4-60 C)
To D here the 5 m to Ft.	230	BUR AL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)  Burial 4-8-1968 Glen Haven Memorial Park Ritchie HgwyA	(County) (Stote)
O.R	24		
VR A15ME (5)	Ge	eorge J. Gonce-4001 Ritchie Hgwy., Baltimore	des Judge



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Lost 2g. DATE OF DEATH . DECEASED NAME First Month LL (Type or pnnt) FREDERICK MORRIS EUGENE 4. RACE S DATE OF BIRTH 6. AGE (In years IF JNOER 24 HRS 3 SEX last bighdoy) MONTHS Nev. 2, 1919 Male White 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED 1 NEVER MARRIED country) Virginia U. S. WID OWED [ DIVORCED | Anne Amundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired ) give street address) School Pasadena 1761 Penlar Ridge Rd. 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c (ITY OR TOWN 13d, 9kSIOE CITY LIM TS? 13e STREET AND NUMBER 13b. COUNTY 1761 Peplar Ridge Rd Anne Arundel Pasadena IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Middle Freddy T. Morris Dora A. Nash 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Ad dress Yes, no or unknown) Mrs. Margaret Morris Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY: CARCINOMA BRONICHOGENIC 6 MONTHS DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES 🗀

206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

OR CONTRIBUTING CAUSE OF CEATH Month Doy Year HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 23e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

216. TIME OF INJURY

City or Town

Stote

1968\_, that (1) (we) lost

While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 1957, 19, to APRIL 1968, that (I) (we) lost sow the deceased alive on APRIL 10, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the

210 ACCIDENT WAS UNDERLYING

couses stated above, (1) (we) (did) (did and) view the body after death.

DEGREE

DIRECTOR

22c. DATE SIGNED 4-22-68

County

NAME (Type) ARTHUR 230 BURIAL CREMATION. REMOVAL (Specify)

22b. SIGNATURE

NAME OF CEMETERY OR CREMATORY April 2h, 1968

Glen Haven Mem. Pk.

22a. ADDRESS

2934MOUNTAIN

23d LOCAT ON (City or Town) Glen Burnie, Maryland

(County)

24. FUNERAL DIRECTOR

2So. REC'D BY REGISTRAR George J. Gonce 4001 Ritchie Hwy. Balto. 21225 DAMPR

VR A15 (4) 30M REV 1/68

directar, shauld b

requires that the death certificate be executed within 24 haurs after dea

campletely filled in lave carban papers.

remaye

lease

signed by the attending physi bural-transit permit. Then pl burial, crematian, or remaval,

has been

O FUNERAL DIRECTOR: After this certificate

be retained

within

and in any



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH L DECEASED NAME First 20 DATE KNOWN M.ddie Last Month Day 25 HOUR Year (Type or Print) ESTI-OF. MUNTAIN 168 AN Michnel DEATH MATED delay and 3 4 RACE 6 AGE (In years OF UNDER I YEAR IF UNDER 24 HRS 3 5EX S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR MONTHS last birthday) AbR.12-1950 A M 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH A.A. CO WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired ) [INDUSTRY with the BURNIE NORIN. ARUNDEL-13.0.A. marine U.S. M.C 130 USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c. CTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE maRy †em after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME hours pages Examiner's 17. INFORMANT ADDRESS pencil (Yes no. or unknown) UNKNOWN hois M. Manlow Active 븚 within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove nse to immediate couse (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse orwarded to the .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ NO 🗔 Б 21a EXTERNAL CAUSE WAS 21b. T ME DE La RY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 3 should WEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d NURY OCCURRED Cty or Town 21e PLACE OF NJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. County State factory, affice building, etc.) DIRECTOR: Page AT WORK AT WORK mursen 1 0 22a. I certify that I took charge of the renta as described above, held an Autopsy Inspection 🔀 Ingu ry and in my opinion deoth resulted from Accident 🔀 Natural couses Suic'de Homicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL the funeral FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER YDM Heolth **EXAMINER S** NAME (Type) ADDRESS(Street, city, town, or county) 50 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23d LOCATION (City or Town) (County) REMOVAL (Specify) Buria 250 REC D BY REG STRAR REG STRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First 2a DATE OF DEATH Middle and 2 (Type or print) MYERS Florence Apri 3. SEX S DATE OF BIRTH 6. AGE (In years last birthday) MONTHS HOURS physicion and completely filled in by en please remove carbon papers. P 7b. CITIZEN OF WHAT COUNTRY? 7a 8 RTHPLACE (State or fareign 9 COUNTY OF DEATH 8- MARRIED 🔀 NEVER MARRIED requires that the death certificate be executed within 24 ha WIDOWED | D VORCED event, within 72 Anne Arundel 12g USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF BEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR arve street address) during most of wark ng life, even if retired) 13d. INSIDE CITY LIMITS? 13g. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER admission) STATE 3b. COUNTY YES 🔀 ond in any 14 FATHER'S NAME `Middle IS MOTHER'S MAIDEN NAME First Last Last 1601 WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMĀNT Address es, no, of unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia, hemorrhagic day IMMEDIATE CAUSE (c) \_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) **burial-transit** Arteriesclerosis, severe many vears ase to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause many years Diabetes mellitus PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Pituitary & adrenal cortical adenomas, Hypertension O FUNERAL DIRECTOR: After this certificate has been os the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X for use 2 a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part or Part 2, Item 18) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R F D No City or Town State Саилту While Nat while at wark 22a I certify that (1) (the has most at tended the deceased from September 169 66. 10 April 11, 1968, that (1) (mg) ast saw the deceased alive an April 10 1968, and that is (my) (mg) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (aid) (did not) view the body after death 22b SIGNATURE 22c. DATE SIGNED DEGREE director, page 3 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 16 Murray Ave., Annapolis, Maryland 23g: BURIAL, CREMATION. 23d, LOCATION (City or Town) 30M REV



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CFR1	[IFIC	ΔTF	OF	DEATH	l

126

L									
		First	Middle	Lost		20 DATE OF OE		Vone	2b. HOUR
- (	Type or print) PAC	14 +		NEW'10		April	Month , Day	1968°	6.40AN
3 51		4 RACE		S DATE OF B		6	AGE (in years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
	Male	W	Thite	Septe	mber 5,	1881	last birthday) 86 YRS	DAI3	MINES MINE
	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT		MARRIED NEVER MA	RRIEO 9	COUNTY OF DE	ATH		
	Maryland	U.S.A.		1	RCED 🔲		Arunde1		Mo
	CITY OR TOWN OF CEATH			UTION (If not in hospital			nd of work dane	12b KIND OF	F BUSINESS OR
	GlenBurnie	1	rundel Cor				even if retired )	INDUSTRY.	
130	USUAL RESIDENCE (Where de	ceased lived, if institution	(/ 1		13d. INSIDE CITY 1.MI	_	AND NUMBER		
duin	ession) STATE Maryla	ind is comi I	Baltimore I		AEZ NO	200	Mine Ban	k Lane	
14, 1	FATHER'S NAME First	Middle	Last		AIDEN NAME Fire		Middle		Last
	Willia				Sarah S	Stewart			
	WAS DECEASED EVER IN U.S. (es, ng, or unknown) (Hyes	give wor or dates of service)	6b. SOCIAL SECURITY NO. 705-03-936	17. INFORMANT	. P Co	Thurs 2	Address 206 Mine	Rook To	200
			/03-03-930	79 MIS.MAI	y R. CO.	IDUILII, Z	.00 MINE		XIMATE INTERVAL
	18 CAUSE OF DEATH (Ente		far (o), (b), and (c),)			1			DINSET AND DEATH
	PART DEATH WAS CA	MEDIATE CAUSE (a)	honous	p-grenn	non	ra			
	4 ."		A CONSEQUENCE OF	2	3				
	Conditions, if any, which go tase to immediate cause (			en ples	in		1		
	stating the underlying car		A CONSEQUENCE OF	cereano-	Musco	uldr 1	acerrie	u	
	last.	) (c)							
	PART 2. OTHER SIGNIFICANT		NG TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE OR CO	INDITION GIVEN IN	I PART 1(o)		
No.		rang.	Mad	infel	uon				
3	190. DATE OF OPERATION	196. CONDITION OR WHICH	H OPERATION WAS PERFO			CAUSES OF	S, WERE FINDINGS ((	ONSIDERED IN	CERTIFYING
CERTIFICAT				YES	-				
	2To. ACCIDENT WAS UNDER	4.4.	NJURY Month Doy Yeor	21c HOW INJURY OF	CURRED (Entér i	nature of injury in	n Part 1 ar Port 2, I	tem 18.)	
MEDICAL	(If either, notify medical ex	cominer) P.M.	19						
2	21d INJURY OCCURRED While Not while	21e. PLACE OF INJURY (A	IT HOME FARM, STREET, FACTOR IFFICE BUILDING, ETC	(Y.) 21f. LOCATION Stre	et or R.F.D. No	City or	Town	County	State
	at work at work			1 -1.	7	10	11	0	
	22a. I certify that (I)	(this haspital) atten	ded the deceased	from 3//		2 a, to 9	<del>4/3</del> , 19 <sub>3</sub>	<u>60,</u> tha	it (I) (we) las
	saw the decease	d alive an_ lave, (I) (we) (did) (d	led not) view the ho	and that in (n	ik) (ant) abiu	lian death acci	ufred an the da	te and haur	and from the
	22b. SIGNATORE	die, (i) (He) (die), (d	na nar) view me sa	dy differ dediff.			22c. [	DATE SIGNEO /	7 -
	12.11.	de Du	Emmen	DEGREE PHYS	NG ME		TAFF U	116/1	28
	22d. PHYSICIAN'S	1 1	9 1/2 10	22e. AD			50174	1/1	<i>EU</i> .
	NAME (Type)	H. ae.	GULIM	47V, M3V.	GLEN	BUR	NIG 1	nd.	71661
230	Burial, CREMATION, 2	3b DATE	23c NAME OF CEA	METERY OR CREMATORY		23d LOCATION (	(City or Town)	(Caunty)	(State)
	BURTA(Specify)	4-8-1968	Western	Cemetery		Baltimo	ore, Mary	land	
24	FUNERAL DIRECTOR	1 /10= -	ADDRESS		25a REC'D BY	-	2Sb REGISTRAR S		
H	loward H. Hubl	oard, 4107 V	wilkens Ave	e. 21229	DATE & P	10 to	000 777	mula	1.100

Ann 10

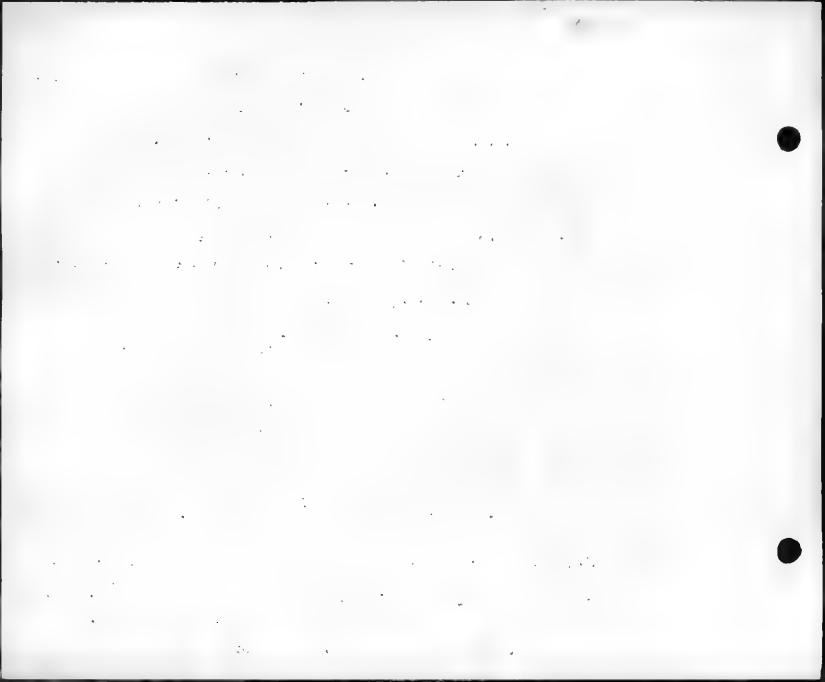
1968

Molanles

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician ond completely filled in by the fu director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon popers. Pages—should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in ony event, within 72 hours after TO MOSPITAL OF ATTENDING MIYMICEMF: The form requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician.

offer de

VR A15 (4) 30M REV 1/68



		1 film#					LENT OF HE		NID 01001		
		653	22	VITAL RECORDS,	CERTIFIC			IORE, MARTI	AND 21201	1041	3 1
∉ _2∉			irst	Middle		Lost		20. DATE OF DEA		. V	2b. HOUR
death and a		ype or print)  Julie		Ann		lichols			Month Doy	1968	2020 M
offer of	3. SE		4. RACE			S. DATE OF B		ła	IGE (In years st birthdoy)	MONTHS DAYS	HOURS MIN
E. S.		amale BARTHPLACE (Stote or foreign	7b CiTiZEN OF W	HAT COUNTRY?	8 MADDICK I	NEVER MAI	1 y 1966	COUNTY OF DEA	YRS.	21/	
4	COUL	anesville. Oh			WIDOWED		NCCD C	nne Arri	ndal		Md.
within 2 both poly	10 (	ITY OR TOWN OF DEATH	11.0	IAME OF HOSPITAL OR IN: street oddress)	STITUTION (If n	ot in hospital	120 USUAL	OCCUPAT ON (Kin of working life,	d of work done	12b KIND OF B	USINESS OR
within the property of the pro	FY	GM Md . USUAL RESIDENCE (Where de	K.	imbrough Ar	rmy Hos	pital	Chil	d	· ·	N/A	
death cartificate be exacted a afterding physician and camplet bermit. Then please remays cartan, ar removal, and in any event		ostion) STATE (where de	13b COUNTY	ran, kes dence before	FGGM	TOWN	YES NO		AND NUMBER R	, , , , , , , ,	
that the death certificate be executed an.  by the attending physician and cample ransit permit. Then please remave carremation, ar removal, and in any even	14. 1	ATHER'S NAME First	Middle	Lost		. MOTHER'S M	AIDEN NAME First	Ceder	Middle	vern, Md	Lost
be n n an din d	L.	Ierry	Carl	Nichols	son		Jean		Susan	Stoc	kdale
cate to sician please I, and i		WAS DECEASED EVER IN U.S. es, no, or unknown) (It yes)	ARMED FORCES?  Sive war of dotes of service)	16b SOCIAL SECURITY		NFORMANT			Address R	t 2, Box	: 33
phy phy oval		No	N/A	N/A			Nichol	son (	eder Dr	Severn	Md.
oth cart		18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CA	LICED DM	ine for (o), (b), and (c)	der fo	eye's	Syn iro	.03		BETWEEN ON	SET AND DEATH
afeat affendi permit. an, ar r		1MN		AS A CONSEQUENCE OF	attylkt/fra	reactorists	Mitt Veic	7 <sup>1</sup> 31011		8-9	Hrs
£ , L.E		Conditions, if any, which go rise to immediate cause (	ve)	Hypogl	yc …i i	A pr					
physician. physician. signed by the burial-transit ourial, cremat		stoting the underlying cou	DUE TO, OR	AS A CONSEQUENCE OF Cardiac	· Anne	e t					
uires hysic gned urial.		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB				L DISEASE OR (ON	IDITION GIVEN IN	PART I(n)		
ng p ng p nn si ne bu ta bu	_	TAKE OHIEK SIDMITCHIE	CONDITIONS CONTRION	SHITO TO DEATH OUT IN	VI KELPIED II	THE VERMINE	E DISERSE OR COM	TOTAL CITED III	· Aut. (10)		
ttendii as bee as th priar	CERTIFICATION	190. DATE OF OPERATION	19b CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20o. AUTO		CAUSES OF	WERE FINDINGS CO DEATH?	ONSIDERED IN CER	TIFYING
al ar a icate hicate hi		210. ACCIDENT WAS UNDER	LYING 216. TIME C	F INJURY	21c H0	YES X		oture of injury in	Port 1 or Port 2,	Item 18.)	
	DICAL	OR CONTRIBUTING CAUSE OF		Month Doy Yeor				• •		,	
Pmyllc he haspi this certi etached Dept. al	WEDI	at work of work		( AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC			el or RFD No.	City or T		County	Stote
After be d State		22a. I certify that (!) saw the decease causes stated ab	(this haspital) att	ended the decease	ed fram 20	April	19 <u>68</u>	n death accu	pril , 190	68, that i	I) (we) last
OR: OR: The day			ave, (I) (we) (did)	(did not) yiew the	bady after o	leath.	iy) (doi) apiili		irea all me aa	ne ana naoi a	
be reto		22b SIGNATURE	1-1-6	ulen	14 LECK	ATTENDII EE PHYS	NG AMED	ECTOR STA	AFF 🖂	DATE SIGNED	8
may be RAL DIS		22d. PHYSICIAN'S NAME (Type)		- 17		22e. ADC				Fort Me	
조수 등 9년	. 00-	Robe	rt F. Cull	len CPT MC				Army Ho		Marylan	
Page direct shaul	250	BURIAL (REMATION, 2 BEMOVAL (Specify)	24 Apre	1 - 4 4	CEMETERT UK	,	1	ZANP.		(County)	(Stote)
VR A15 (4)	24	FUNERAL DIRECTOR		ADDRESS		Md.	2So REC'D BY	REGISTRAR ]	ZSb REGISTRABES		udar.
30M REV, 1768	/	TIRMLEYI	UNERALLI	ton Glen 1	BURN	115	DATE AT	PK 23	968 XC	- Long	0



Page of ordary
0 6

physicion and completely filled in en please remove carban namers

requires that the death certificate be executed within 24 hours after death.

please remove corbon papers I, and in ony event, within 72 h or removal, signed by the burial-transit p burial, crematic os the prior to O FUNERAL DIRECTOR: After this certificate has been for use Health p be retoined directer, Should

CERTIFICATE OF DEATH DECEASED-NAME Eirst Middle last 20. DATE OF DEATH 2b HOUR (Type or print) 8:40a Mitchell Nolton 3 SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) 6/6/14 Male Negro 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TENEVER MARRIED country) WIDOWED [ D-VORCED [7] Anne Arundel 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work done 1D. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Crownsville State Hospital Crownsville None 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 136 INSIDE CITY LIMITS? admiss an) STATE 13b COUNTY YES 😓 NO [ 927 N. Caroline Street Baltimore 14 FATHERS NAME IS, MOTHER'S MAIDEN NAME First Middle Middle Lost Mathis Nolton Mattie Fred 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address I (if yes give war or dates of service) Yes, no, or unknown) 412-10-4922 Hospital Records, Crowsville Maryland APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c) ) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Acute lymphoblastic leukemia IMMEDIATE CAUSE (o) 0.04,0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Anemia, Thrombocytopenia; Diabetes mellitus ; LIVER ABSCESSES. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION CAUSES OF DEATH? YES 🔲 NO [ 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (i) (this haspital) ottended the deceased from  $\frac{4/20}{}$ , 19.68, to  $\frac{4/30}{}$ , 19.68, that (t) (we) last saw the deceased alive on  $\frac{4/30}{}$  19.68, and that in (my) (aur) apinion death accurred an the date and hour and from the 4/20 causes stated above, (i) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. DEGREE 4/30/68 PHYS 22a, ADDRESS 22d. PHYSICIAN S L. Benedict, M.D. Crownsville State Hospital, Maryland NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23g BUR, AL, CREMATION, 23b DATE (Stote), (County) REMOVAL (Specify)

2SO REC'D BY REGISTRAR

2Sb REGISTRAR'S SIGNATURE

**ADDRESS** 

VR A15 (4) 30M REV. 1/68

FUNERAL DIRECTOR



05125

after dearth.

TO HOSPITAL OR ATTINUING PHYSICIAN: The law requires that the doubt certificate by executed within 21 haurs Page 4 may be retained by the haspital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Vy director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. A shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 haw

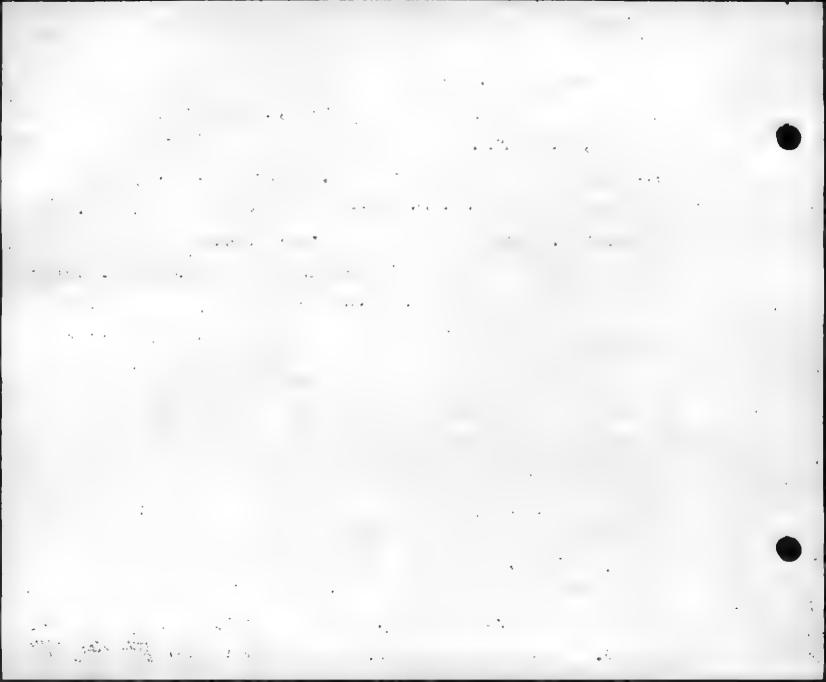
VR A15 (4) 30M REV

## MARYLAND STATE DEPARTMENT OF HEALTH

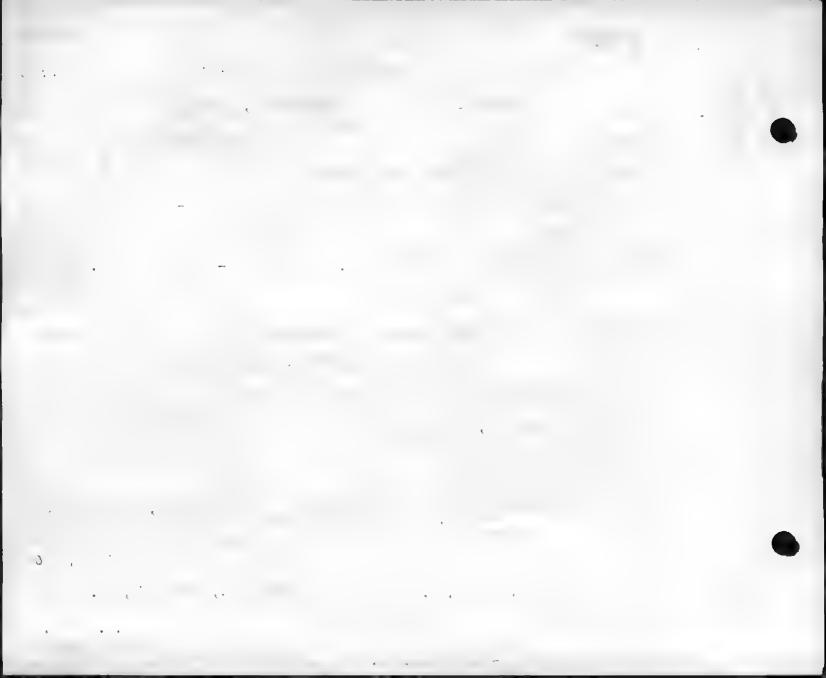
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

 9	40
	79.4

	0020				CEKIII	ICATE OF	DEATH					54	2.11
	ECEASED-NAME	First		Middle		Last		20. D	DATE OF DEATH	4.1			HOUR
(1	(ype or print)	HARLE	S W	NOVAK					Manth 4 E	ay ! [	Yeor 🕍	0 11	P
3 SE		) bestem	4. RACE	HOVAL		S. DATE OF	BIRTH		6. AGE (In years		JNDER 1 YEAR	IF UNDER	
	MALE		THE STATE OF THE S	יים		VIIII.	12. 19	от2	lost birthdoy)	S. MON	ITHS DAYS	HOURS	Min
	BIRTHPLACE (State or f	areign	7b. CITIZEN OF WI		8. MARRI	ED NEVER MA			NTY OF DEATH			-	
	ntry)	1.0%	U.S.A		WIDOW		ORCED		ANNE ARTINDET.				N
	BALTIMORE LITY OR TOWN OF DEA			AME OF HOSPITAL OR IN					PATION (Kind of work don		2b. KIND OF	BUSINES	
			give	street address)	,		during m	nast af w	arking life, even if retired		INDUSTRY	0 0 3,110 0	, , , ,
	USUAL RESIDENCE (WI			RTH ARUND			13d, INSIDE CITY L	PTER IMITED	(SHTP YARD) 130 STREET AND NUMBER				
	ass an) STATE	idie derenze	13b. COUNTY										
	MARYLAND			A. A. Co.	PASA		HAIDEN HAME !		7766 LAWREN	CFC_	AVE	1	
14, 1	FATHER'S NAME F	irst	Middle	Lost		112 WOLHERS	MAIDEN NAME 1	THST	Widdie			Lost	
	CHARLES	J.	NOVAK		10		ORENCE	COU					
	(es, no, or unknown)		ED FORCES? Ir or dates of service)	16b. SOCIAL SECURITY	NO.	7 INFORMANT			Address				
	NO			ļ		JULTA A	NOVAK	77	66 LAWRENCE	AVE		ADIA	
		H (Enter only	y ane cause per li	ne far (a), (b), and (c)	.)				- 1			imate inter Onset and i	
	PART I, DEATH 1	NAS CAUSED	BY: A C	UTE MY	OCA	RDIAL	INMA.	RUI	10N	5	UDDE	N	
	7109	TARRILLE/PO		AS A CONSEQUENCE OF					<u> </u>				
	Conditions, if any, w	hich gove)	"A	RTERIOSL	LERI	STIC H	EART	715/	ENSE	U	NKNO	WN	,
	rise to immediate o		4-1	AS A CONSEQUENCE OF				1 TO 11					
	stating the underlyi	ng tause	(e)	TO THE CONTROL OF									
	PART 2 OTHER SIGN	EICANT CONI	DITIONS CONTRIBU	ITING TO DEATH BUT N	IOT RELATE	TO THE TERMIN	VAL DISEASE ORG	CONDITIO	ON GIVEN IN PART 1(o)				
			2011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, to the tantin	712 01010102 011						
TON	19a, DATE OF OPERATION	ON 195 C	ONDITION FOR WE	IICH OPERATION WAS PE	REORMED	20a. AU	TOPSY?		206. IF YES, WERE FINDING	S CONSI	DERED IN C	FRTIFYIN	G
CERTIFICATION	Tra. Dare Of Orekani	JIK 170. C	ONDITION TON BIT	THE PERSON WAS TO	YES		, I	CAUSES OF DEATH?					
ERTI	21a ACCIDENT WAS	THUDEDI VINO	3 216 TIME O	C INIIIDV	01.	-		_	of miury in Part 1 or Part	2 140	10 \		
	OR CONTRIBUTING		1	Month Day Year		. HOW INJURY C	CLUKKED (Ente	at unione	or injury in Part 1 of Part	2, 110111	10 )		
MEDICAL	(If either, notify med				9								
*	21d INJURY OCCURR While Mot while	ED 21e. (	PLACE OF INJURY	AT HOME, FARM, STREET, FA	(CFORY,) 21	LOCATION Sti	eet or R.F.D No	0,	City or Town	(	ounty		State
	at work at work	LJ 1											
	22a. I certify th	at (I) (the	<del>s hospita</del> l) att	ended the deceas	ed fram.	1 4	67, 19_		ta 1968	9	, that	t (I) ( <del>4</del> 4	r <del>o</del> ) la
	saw the de	ceased al	ive an 4	(did nat) view the	19,	and that in (	my) ( <del>our)</del> ap	inian d	eath accurred an the	date c	and havr	and fro	om th
		ea abave,	(I) ( <del>Ma)</del> ( <del>GIG)</del>	(ala har) view the	budy dii	er aeam.			1 00	DATE	CIONED		
	22b. SIGNATURE	1	1. 1.	0 , 2		EGREE PHYS		MED	STAFF []		12-6	8	
	arthur	dan	esfore	yr. mo	D	11.12	DDRESS	DIRECTOR	PHYS. 1	-	12.	<i>Q</i>	
	22d PHYS CIAN'S NAME (Type)	RTHIIR	LANKEORE	), JR., M. D.		2934 W		R.	d. Pasadena	12	nd 2	-112	2
_													
<b>2</b> 3 a	BURIAL, (REMATION, REMOVALT Specify)	23b D	ATE/, -/	23c NAME OF		OR CREMATORY		231	OCATION (City or Town)	. '	County)	(State	1) /
1	161111	4	113/6	8 170/	2000	035	Tax area	45/	N BURNI	_	1911	/110	1
24	FUNERAL DIRECTOR	/	1001 200	ADDRESS	1.1	_	2So REC'D I		1				
11	11/0/14	/	Kh h	FIRT	1/1/0	0, .	DATE		1 0 1000 (17	7/1-	-1/4-	Juda	Ul.



FUNERAL HOME - Annanchis



1		MARYLAND STATE DEPARTMENT OF HEALTH	
- when		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3,
HEALTH DEPTL		DECEASED NAME First Middle Lost 20. DATE KNOWNED Month Doy OF EST.	Y Yeor 2b HOUR
3 to 3 to Page	'	MMET (mmi) OSMAN DEATH MATED 4 5	68 A M
d 3 Page	3 5		2d HOUR
outh and		M W 15 March 1894 74 TRS MONTHS DAYS HOURS MAN. Month of Day S	Yeor Ist P M
		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
far	COU	MINITY) Albania U.S. WOOWED DVORCED 1.4.CO.	Mo
death e Pagr with the Star	10		KIND OF BUSINESS OR
Give Pages Give Pages ang with far th the State.	LZ	Plea Boxvie greated odgess) North Azonoz during most of working life, even if retired) INDL	USTRY
s after of 18. Give along with the death.		O USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CHY OR TOWN 3d MSDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY 13c STREET AND NUMBER	1
rs af 18. 18. 2 wi deo	Ľ	odmisson) STATE MO 136 (OUNTY A CO DEVERN YES INO [ Clark Habore	Koren
24 haurs after de in Item 18. Give Pis Office along with 19. I and 2 with the is after death.	14, 1	FATHER'S NAME First Middle LESS IS. MOTHER'S MAIDEN NAME First Middle	Lost
24   in II   is 0   is		(Unknown)	
hin 24 ncil in nıner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?  ADDRESS  (Yes, no or unknown) (If yes give wor or dates of service)  ADDRESS	4.5
nould be executed within 24 ward "pending in pencil in the Chief Medical Examiner's rial-transit permit. File pages any event within 72 haurs		9 es 1922-1946 Unknown Mr. Kyland S. Massix (Friend) Same	95713
ed la Fi	7	18 CAUSE OF DEATH (Enter only one couse per line for (g) (b), and (c))	APEROXIMATE INTERVAL BETWEEN DISET AND DEATH
ould be executed rard "pending in the Chief Medical E al-transit permit. F any event within		PART I. DEATH WAS CAUSED BY IMMED ATE CAUSE OF LESCONDER COLOR	lect
e execution pending of Medic sit permissit permisent with the second contraction of the second c		DUE TO, OR AS A CONSEQUENCE OF	Art. Sel
hief ansi		Conditions, if ony, which gove nse to immediate couse (a), (b)	
shauld e ward a the Ch ourial-tre		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
- S = S :=		last. (c)	
41 <del>+</del> + →		PART 2 OTHER SIGNIF-CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
verificate writing t rwarded sed as a sad as a	8	4221	
certif arwari used maval	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
in the same V	RTE		YES NO
<del>=</del> <u>-</u> <u>-</u> <u>-</u> -		210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy Year 2 item 1 PRIMARY OR CONTRIBUTING HOUR A.M.	8)
INER: ne certifi shauld lifes. 3 shauld vatian, c	MEDICAL	CAUSE OF DEATH P.M. 19	
(AMINER: le the certifie 4 shauld rour files. age 3 shau crematian,	×	21d N_URY OCCURRED 21e. PLACE OF INJURY (At home, form street 21f LOCATION Street or R.F.D. No (if yor Town (c) foctory, affice building, etc.)	ounty State
		AT WORK AT WORK	
ICAL E executor. Page for CTOR: burnal,		220. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry,	and in my opinian
Se e e ctar de la ctar		death resulted from Matural causes , Accident , Suicide , Hamicide , Undetermined manner	
lease d rector trainer DIREC		CHIEF MED CAL EXAMINER	
Property, ple		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	IED / S
DEPUTY ressary, e funero may be FUNERA		EXAMINER S DEPUTY MEDICAL EXAMINER 2 4-5	
o DEPUTY necessary, the funeral S may be n O FUNERAL Health prin		NAME (Type) L'L. Whoke Of ADDRESS (Street, city, town, or county)	7 ACO
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	BURJAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY. 23d LOCATION (CTy or Town) (Eq.	unty) (Stote)
	24	THEY AND HOMINGTON MY TIONAL COM. FORT MYCE, VII	-9/n1a
VR A15ME (5)	1	Singleton ADDRESSIONE   Singleton ADDRESSIONE   250 REGISTRAR S SIGNI	Judge
IDM REV 1/68	15	Conglitor Gen Burnie, 140 - DATAPR 8- 1968 guard	()



65128

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

			CLIV	HILLOWIE C	JI DEATH			F-	r.
	ECEASED-NAME Fir	st	Middle	Last		2a. DATE OF			2b. HOUR
(	Type ar print) MAX		LOUIS	DAG	SENKER		Month APRIT.	Day Year 25 1968	3:08 M
3 \$		4 RACE	LOGIO	S. DATE O	S DIDTH	7.004	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	BEAT TO	1	WHITTE			1884	last birthday)	MONIHS DAYS	HOURS MIN
70	MAT.E BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT			ULY 20,1	9. COUNTY OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.3.	
	ntry)		PVI	ARRIED NEVER	MARRIED [_]				
10	RUSSTA	USA					ARUNDEL.	Tank Kindo as i	Md Md
10,	CITY OR TOWN OF DEATH  GURNTE		OF HOSPITAL OR INSTITUTI et address)	ion (ii nai m naspi			(Kind of work don life, even if retired		ROZINEZZ OK
			RTH ARUNDEL		, RETI	RED PR	OPRIETO	R LINO	LEUM
	USUAL RESIDENCE (Where deco issign) STATE	ased fived, it institution:	: Residence before   13c.	CITY OR TOWN	13d. INSIDE CITY E		REET AND NUMBER		
	A HÝT AND		E ARUNDET C	LEN BURN	YES NO	21	5 KINC C	FORCE DE	EVE
14	FATHER'S NAME First	Middle	Last	IS. MOTHER	'S MA DEN NAME F	First	Middle		last
	HARRY		PASENKER		HE	LEN			?
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	B SOCIAL SECURITY NO	17 NEORMAN	HAZEL	WILKER	Address Popularia	EDGERL	V DOAD
	Yes, no prinknawn) (If yes gir	re war or dates of service)		GI	EN BUR	NIE. M	D.	. EDGERL	I KOAL
	18 CAUSE OF DEATH (Enter	anty ane cause per line t	for (b) (b) and (r))			1			NATE INTERVAL NSET AND DEATH
	PART , DEATH WAS CAU	SED BY	Var Vand	ngu	a ell	luck		DETIMEN OF	TX ) AND DEATH
	I I I I	DIATE CAUSE (a)	CONCECUENCE OF 6	4.114.	tollasti	CU	4 800	Westell	Ga de
	Canditions, if any, which gav	•	CONSEQUENCE OF	The state of	- Cultura		CE		
	rise to immediate cause (a	(b) 02	uny a	MALLY!	<u> </u>				
	stating the underlying caus	-\	CONSEQUENCE OF	no Tes	· c-oles	C.C.L.	T 514	11:4	
	last	, (c) <u>(</u>	crearing.	urun	LATEREN	-0-2	z sen	usy.	
	PART 2 OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RET	LATED TO THE TER!	MINAL DISEASE OR C	CONDITION GIVEN	N IN PARE I(a)	/	
공	9" X 1.								
CERTIFICATION	19a. DATE OF OPERATION 19	L CONDITION FOR WHICH	OPERATION WAS PERFORM	AED 20a. i	AUTOPSY?		YES, WERE FINDING OF DEATH?	S CONSIDERED IN CE	RTIFYING
ZEE				YES	т по 💢	[ Clusts	OF DUMING		
	21a ACCIDENT WAS UNDERL	and there are		21c HOW INJURY	OCCURRED (Ente	er nature af injut	y in Part 1 or Part	2, Item 18.)	
WEDICAL	☐ DR CONTRIBUTING ☐ CAUSE OF CO.		Manth Day Year 19						
ME.		In PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY,	21f. LOCATION	Street ar R.F.D. Na	o. City	ar Tawn	Caunty	State
	While Nat while at wark	Į DF	FICE BUILDING, ETC.		/		./ -		
	DI STUIK GI TRUIK	this hashital) attema	led the deceased fr	am 4/	196	8 to	4125	19 68 that	(I) (we) last
	22a. I certify that (I) ( saw the deceased	alive an Z	75 196	and that in			curred an the	date and haur o	and from the
	causes stated abo	ve, (1) (we) (did) (di	d nat) view the bady	after death.	. ,,,	,			
1	22b. SIGNATURE	Da 11		ATTI	MOING & A	Hrp		2c. DATE SIGNED	
	H.U.	al gwy	man	DEGREE PHY		MED. DIRECTOR	PHYS -	125 16	8
	22d. PHYSICIAN'S	1 1	F117100	22e.	ADDRESS 3	25 140	SPZA	1756	111-
	NAME (Type)	H. AE.	GUZIVIA	M.V.	6LEN	BUK	NIE	Mod	
23a		D. DATE	23c NAME OF CEMET	ERY OR CREMATO	RY	23d LOCATIO	N (City or Town)	(Caunty)	(State)
	DEMONIAL (Canada)	4-26-68	CEDAR P			PARA			
24	OL LEVINSON		INC ADDRESS	TILL DI.		BY REGISTRAR		R'S SIGNATURE	
S		& BROS.	D. BALTO.	21215				liantes &	udel
V	OTO KETSIEK	DIOMIA KON	D. DALIU.	2 T Z T Z	L DVIC ILI	11 60 0	.000		1

VR A15 (4) 30M REV 1/68

**TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending physician ond completely filled in My the fur director, page 3 should be detoched for use as the burial-transit permit. Then please remove carban papers. Pages J should be filed with the State Dept. of Health prior to bur all, cremation, or removal, and in any event, within 72 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

Poge 4 moy be retained by the hospital or attending physician.



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH after 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residen a before admission) hours COUNTY b. COUNTY Anne Arundle County Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and give neerest town)
Brooklyn Brooklyn within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddrass) d. STREET ADDRESS Highway 6035 Ritchie Highway Ritchie complet NAME OF First 4. DATE Middle DECEASED ed carbon pa (Type or print) Baker Phinney DEATH George April 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years HF UNDER 1 YEAR B. DATE OF BIRTH and last birthday) Male White certificate WIDOWED [ DIVORCED I physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad) Welder Dry Dock Liberty .Kentucky please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and Maude Guy Coates Phinney Then removal, 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or dates of service) The law requires that Mrs. Juriel L. Phinney-6035 Ritchie Hwy. War permit. attending physician. signed by 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 6 PART I. DEATH WAS CAUSED BY: ite has been signed the burial-transit burial, cremation, IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if eny, which gave risa to immediate cause DUE TO (a), stating the undarlying hospital or couse last. PHYSICIAN: After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19 WAS AUTOPSY as 2 CERTIFICATION prior i DIRECTOR: Atter ...

A be detached for u 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) factory, street, office bldg., atc.) Whila Not While Hour a.m. et work et work p.m 21. I certify that (i) (this hospital) attended the deceased from ... causes and on the date stated above. saw the deceased alive on." 2.19. and that death occurred at M. from the SIGNATURE 22a / ATTENDING MED. STAFF HOSPITAL page with th FUNERAL PHYS. DIRECTOR PHYS. M.D. Page 27c. PHYSICIAN'S 22d. ADDRESS "J'ME "Preston Grant. ector, 601 Carrollton filed death. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0:58 REMOVAL (Spacify) Baltimore National Cem. Baltimore Tarvland Burial 250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNAT 24 FUNERAL DIRECTOR'S SIGNATURE E. Nutter-3005 '. North Ave.

DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO NO

Year

29.

U-S-A-

19(8

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES

NO

(State)

22b. DATE

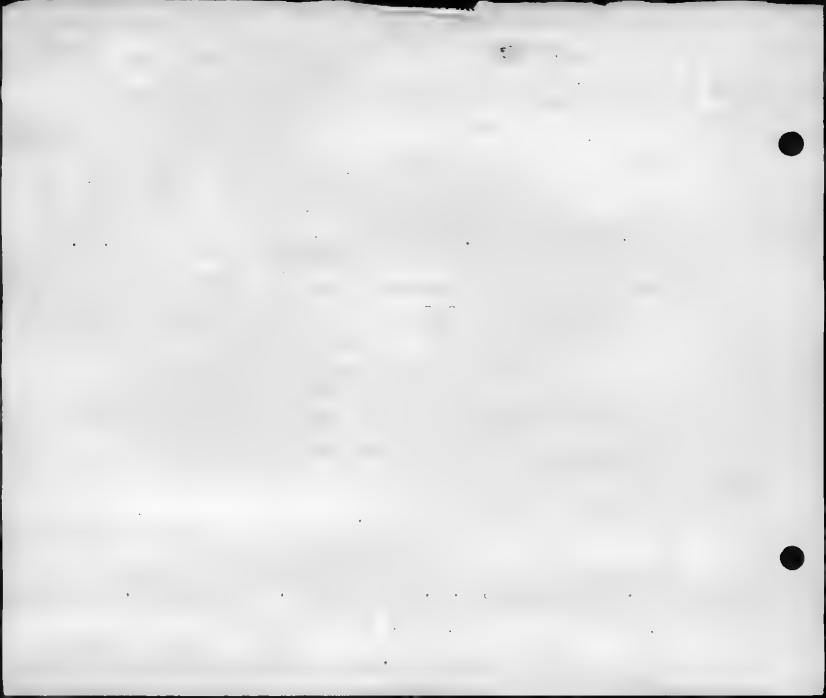
SIGNED

that (I) (we) last

City2121

Ital, 18 1 100 4.

VR A15 [4] 20M 5 63



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05130 CERTIFICATE OF DEATH 2b. HOUR A 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) PHIPPS Caroline Harris 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 6F UNDER 1 YEAR last by thour) DAYS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED Z NEVER MARRIED country) lled in WIDOWED DIVORCED [ Anne Arundel 10 CITY OR TOWN OF DEATH NAME OF HOSPITA, OR INSTITUTION (if not in hospital 12a USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of warking us, even if retired) the ottending physicion and completely sit permit. Then please remove corba even! 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before CITY OR TOWN 13e. STREET AND, NUMBER 13d INSIDE CITY LIMITS? admission) STATE 13b COUNTY cremation, or removal, and in any 14 FATHER'S NAME MOTHER 5 MAIDEN NAME First Middle Middle East N U.S. ARMED FORCES? 160 WAS DECEASED EVER 16b. SOCIAL SECURITY NO Address Yes, no, or anknown (II yes give war or dates of service) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave ) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes last. buriol, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been as the prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ ed for use of Health p USe 210 ACCIDENT WAS JNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. detached 21e PLACE OF INJURY ( AT HOME FARM, STREET FACTORY ) 21d INJURY OCCURRED 21f LOCATION Street or RFD No. City or Town County State While Not while OFFICE BUILDING FTC at work at work ATTENDING 22a I certify that (I) (this haspital) oftended the deceased from 196 , and that in (my) (our) opinion death occurred an the date and hour and from the saw the deceased alive an-Poge 4 moy be retained causes stated obove, (1) (we) (did) (did not) view the body after death 226 SIGNATUR 22c DATE SIGNED DEGREE PHYS DIRECTOR PHYS director, poge ( should be filed 27d PHYS CIAN'S 22e. ADDRESS NAME (Type) Richard 121 Cathedral St., Annapolis, BURIAL, CREMATION 23h DATE

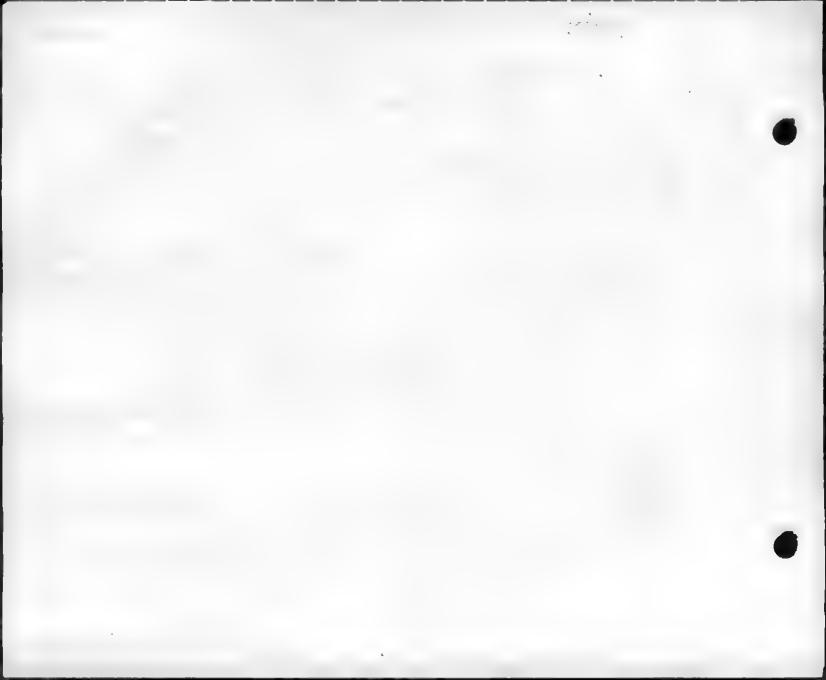


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First 2b. HOUR law requires that the death certificate be executed within 24 hours after death (Type or print) Urrera 1089 Mary Manth 3 SEX 4. RACE **CATE OF BIRTH** 6. AGE (In years IF UNDER 1 YEAR IF THISSER 94 HRS last birthday) SHTHOM DAYS HOURS completely filled in by the papers. Pag hin 72 hours ( 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED D NEVER MARRIED country) WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) remove carban during mast of working life, even if retired.) INDUSTRY NNOPOLIS 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY AKWOOD and in ony 14. FATHER'S NAME Mrdd1e Last 15. MOTHER'S MAIDEN NAME First the attending physicion and sit permit. Then please rem Middle Last SBORNE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give wor or dates of service) Yes, na, ar unknawn) RALMONN Der Excewate or removol, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) ETWEEN ONSET AND DEA PART I DEATH WAS CAUSED BY emello IMMEDIATE CAUSE (a) cremotion, DUE TO, OR AS A CONSEQUENCE signed by the burial-tronsit Canditians, if any, which gave } nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause buriol PART 2 OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) te has been s use as the to be retained by the hospital or attending 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗔 for use Heolth YES [ this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year ō (If either, natify medical examiner) P.M. be detoched 21e. PLACE OF INJURY ( AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State Caunty While Mat while at wark at wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from 1000 1 sow the deceased alive an Abril 1 19 68, and that in (my) (ear) opinion death occurred an the date and have and from the should causes stated above, (1) (we) (dd) (d d nat) view the bady after death. 22b. SIGNATUR 22c DATEASIENED **ATTENDING** director, page 3 shau d be filed v DEGREE DIRECTOR PHYS Page 4 may 22d PHYSICIAN S 22e. ADDRESS NAME (Type) (OCATION (City or Town) 23a. BURIAL CREMATION, NAME OF CEMETERY, OR CREMATORY (County) RFMOYAL (Spet Ty) ANNAFOLIS FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REGISTRAR & SIGNAT 1968 30M REV 1/68

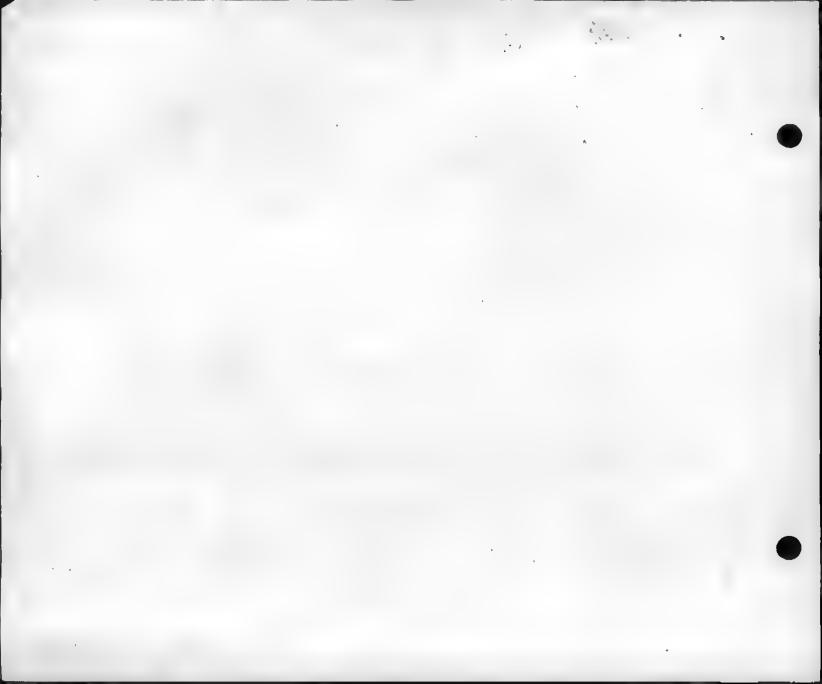


himunek Funeral Home, Inc.

Brehms Lane



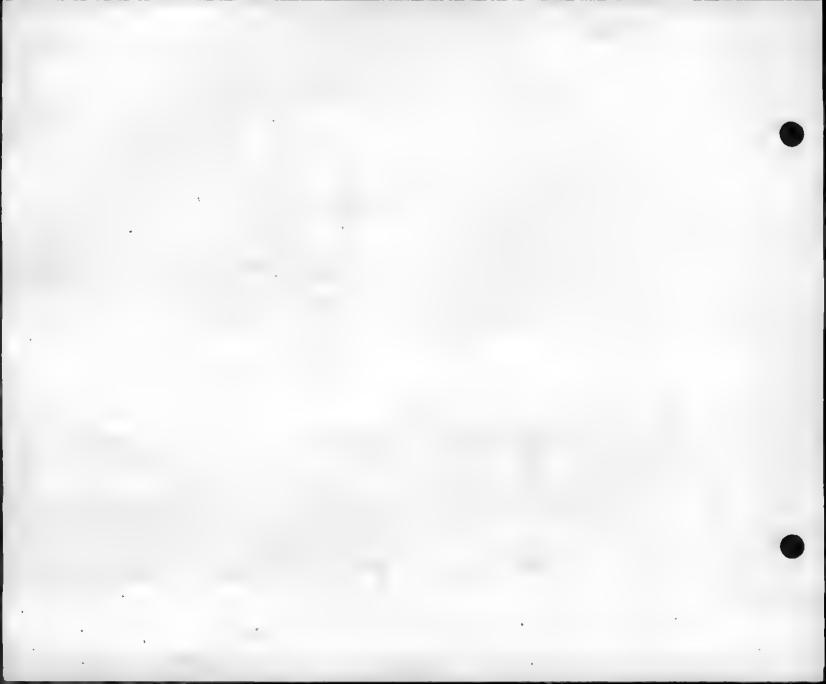
		OCT TO DIVISION O	DF_VITAL RECORDS, 301, W, PR	ESTON STREET, BALTIMORE,	, MARYLAND 21201	
FOR STATE		05799	MEDICAL EXAMINER	'S CERTIFICATE OF D	EATH	
HEALTH DEPT		CEASED NAME / First	Middle	Lost	20 DATE KNOWN Month	Doy Yeor 2b HOU
Soo MAX		(pe or Print) Ames		Rich :	JC. OF ESTI-	12 68 17
Po 30 15	3 SE		5 DATE OF BIRTH 6 AGE (	n years   IF LINDER   YEAR   IF UNDER	ER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOU
delo and delo		MW	6/7/22 44	Hoday MONTHS DAYS HOURS	NO.	12 Tear 1968- A
_r.2, g	7o 1	RTHP_ACE (State or foreign 7b.	CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	170-177
orm orm	conn		IL SA	WIDOWED DIVORCED	ANNE PRUNDEL	
£ 50 0	10. C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST	ITUTION (If not in hospital   120	SUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
after deat	9	len BURNIE	give street oddress)  DOA - NOR / fo.	ARUNDEL duri	ng most of working life, even if retired)	NO STRY FRUCKING
after de 8. Give alang w with the	130	USLA. RESIDENCE (Where deceosed	lived, if institution Residence before 1			TRUCKING .
s af 18. 18. alc dea dea	00	mission) STATE HO		3/EN/BURNIE YES 1	NO 108 RAMYE	Rozd.
hours after de fitem 18. Give F Office alang w land 2 with the after death	14 F	THER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAM	E First M ddle	Lost
24 h in th is 0 's 0 is 1c		WALTER E	Lward KICH		Lucy	BARNES
hin 24 ncil in niner's pages haurs		VAS DECEASED EVER IN U.S. ARMED FOR		17 INFORMANT	ADDRESS	
I within 24 n pencil in Examiner's F le pages n 72 haurs	L (1	s, no, or unknown) (If yes give wor	ordalary Service) 220-07-5	13/ Dorothy R	ICH 108 RAN	198 Rd 21061
EX I			one couse per time for (o), (b), and (c))	<del></del>		APPROX MAJE INTERVAL
shauld be executed ward "pending" in the Chief Medical E unal-transit permit F in any event w.thin		PART 1 DEATH WAS CAUSED B IMMEDIATE		Rune -		Luc 1
e execution pending" ef Medica sist permit		t211	DUE TO, OR AS A CONSEQUENCE OF			
be "pe "pe nief ansit		Conditions, if ony, which gove rise to immediate couse (a).	(b)			
ward ward the Cl mal-tr		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
shauld be e he ward "per ta the Chief! bunal-transit d in any ever		lost.	(c)			
		PART 2. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(0)	
certificate y, writing th farwarded to used as a b emaval and	×.	+ -				
certil arwai used mava	CATIC	190. DATE OF OPERAT ON	19b. CONDITION FOR WH WAS PERFORMED?	CH OPERATION		20. AUTOPSY?
fer er	CERTIFICATION					YES NO 🔀
= 7 =		210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	21b. TIME OF INJURY Month, Doy, Year HOUR A.M.	21c HOW INJURY OCCURRED (	Enter nature of injury in Port 1 or Port 2,	Item IB.)
INER: e certifi should files. 3 should natian, (	MEDICAL	CAUSE OF DEATH	P.M 19			
EXAMINER: tute the certi age 4 should r your files. Page 3 shou I, cremation,	Σ		CE OF NULRY (At home, form, street, y, office building, etc.)	21f LOCATION Street or R.F.D. A	io. City or Town	County State
		AT WORK AT WORK				
ICAL E exect for. Page for CTOR: burial,		22a. I certify that I too	scharge of the remains described	obave, held on Autopsy,	, Inspection 🗹, Inquiry 🖯	🗾, and in my apinio
Sie e ctor ctor ctor ctor ctor ctor ctor ctor		death resulted frags.	Natural causes 🔼 , Accident	🔲, Suiciae 🔲, Hamic	ide 🔲, Undetermined monner	
direction of the section of the sect		ACTUAL	1.1	CHIEF MEDICA	A EXAMINER	,
Y, ple roof d se ret prior		SIGNATURE /	and		TO CAL EMPONITOR LA	E SIGNED 1 2/68
0 Q		EXAMINER'S	1 horold		CAL EXAMINER	4/12/00
	20	NAME (Type)	113704		et, city, town or county) BAC	2
5 = = 2 = 1	230	BURIAL (REMATION 23b DA REMOVAL (Specify)	23c. NAME OF CE	METERY OR CREMATOR	23d LOCATION (City or Town)	(County) (Slote)
, K	24	JURIA PROTOR	21/16,1764 1041T	more National	CD BY REGISTRAR 256 REGISTRARS	MARYLAND
VR A15ME (S)	1	in ileu F	1 6%	CIN SE. DATE A	1 7 JOOD (87/16	S GUATUR Judge
10M REV 1 88 1	11	IKK 184 / WINEMA	1 /XOME 44/ (R)	CIN ) C. DATE A	L 1/ T . 1000	



1	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE!	<u> </u>	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH QEPT		Type or Print)
delay i	3. S	
- Sand	7o caur	B RTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED MEYER MARRIED 9 COUNTY OF DEATH
Pages Auth fa	10 (	ITY OR TOWN OF DEATH  11 NAME OF HOSP,TAL OR INSTITUTION   120 USUAL OCCUPATION (Kind of work dame   120 KIND OF BUSINESS OR
the the	S	evern md give street address) at North Hrundel dur of most of covering the even if ret red) INDUSTRY
s after 18 Giv along 2 with death.	13a a	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN of the country A A COUNTY A A Severn YES NO BY 13b COUNTY A A COUNTY A A COUNTY A A COUNTY A CO
thours (tem 1) Office 1 and 2	14. 1	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last  A less less Taxes Taxes
enct in miner's pages hawrs		WAS DECEASED EVER NUS ARMED FORCES?  (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO  17 INFORMANT  ADDRESS  Part of Number 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ecuted within 72 within 72	-	B CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)), PART DEATH WAS (AUSED BY
executed nding r Madical permit permit within		IMMEDIATE CAUSE (a) CAUCUS GUILLAS UCCCUENT ONE 140LK
be ex "pend "pend mief Mi onsit p		Conditions, I only, which gove (b) Hypertensive aidio Mascular disoase years
shauld be early the Clief; the Clief; unal-transit		stating the under ying couse DUE TO, OR ACCOMSEQUENCE OF CONSEQUENCE OF CONSEQUEN
inficate s ing the arded to if as a bi		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT CHATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART J(a)
certification witing arwarded as a used as a imaval, an	S S	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
V 0 44	CERTIFICATION	WAS PERFORMED?
그 블로 프	MEDICAL CE	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19
KAMINER: te the cert je 4 shalli four files. age 3 shau crematian	MED	21d IN.JRY OCCURRED  21e P. ACE OF INJURY (At home, form street, white at work of the building, etc.)  21f. LOCATION Street or R.F.D. No City or Town County State
ecute ecute Page or y R: E		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinio
Se ex se ex scror. ned f		death resulted from: Noturo causes Accident , Suicide , Homicide , Undetermined monner
plemal direction of direction of direction of direction of the contraction of the contrac		ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED / STORATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED / STORATURE
D DEPUT interessary interessar		EXAMINER'S Charles 4. Wirth MD DEPLTY MEDICAL EXAMINER ADDRESS (Street, cty, town or county) Lathian Md
the Sm	23a	BORIA. CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State)
70	74	FUNERAL D RECTOR  ADDRESS  ADD
VR A15ME (5) 10M REV 1/68		rundle. aden Falta. Ind. 1 0APR 11 1888 Scharles Juga



Service Control of the Control of th	• DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
HEALTH DEPT!		EASED NAME First	Middle	Lost Lost	20 DATE KNOWN Month	Doy Yeor 2b HOUI	
× 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- (	pe or Print) PMES	E.	KODINSON	OF EST. 7	20 188 7	
delay is 3. Page	3 51		IRTH 6 AGE (In yes	DES IF UNDER I YEAR F JINDER 24 HRS  MONTHS DAYS HOURS MIN	2c. DATE PRONOUNCED DEAD	2d kOUI	
pm3.		M W 5/30.	145 22	YRS MONTOS DATS TOURS MAIN	Month 4 Boy 2	0 Year 158 12	
- C G		RTHPLACE (State or foreign 7b CITIZEN OF W	HAT COUNTRY? 8	MARRIED NEVER MARRIED 7 CC	OUNTY OF DEATH		
farm farm	coun	IH.	- 1 /	V DOWED D. VORCED 7	1. A.CO.	, A	
death Pages with far			NAME OF HOSPITAL OR INSTITUT			12b. KIND OF BUSINESS OR INDUSTRY	
after deat 8. Give Pag alang with with the Sta leath.	<u> </u>	· Ry . Co . IH	4PILESS LREE	KDR.	TUDELL	4.7/10-	
s after 18. Gire alanç with death.		ISUAL RESIDENCE (Where deceased I ved, it instrusion) STATE 13b. COUNTY			13e STREET AND NUMBER	6	
118 ce o ce	<u> </u>	1417		MINSDIFF LES - HOK	BNHU-RLZ-	,	
haurs after death them 18. Give Pages 1, Office alang with farm land 2 with the State De	14	THER'S NAME FIRST Midd	) .	IS. MOTHER'S MAIDEN NAME Firs	t Middle	last C	
hin 24 ncil in niner's pages haurs	1/4	AS DECEASED EVER IN U.S. ARMED FORCES?	OBINSON	THUNG E.	[7/4	NSHEW	
		s, no of unknown) (figes give war or dates of service)	16b. SOCIAŁ SECURITY NO	D. OF OT 11 DAD!	PHODES BO.		
	-		1 ( ( ) ( ) ( )	IKOBERT H KOBIN	ISON CROWN'S	APPROX.MATE HTERVAL	
		18 CAUSE OF DEATH (Enter only one cause per PART 1 DEATH WAS CAUSED BY	. 14 . 11	1 hours St.	LLLC	BETWEEN ONSET AND DEATH	
e executed pending" i of Medical isit permit vent withii		75 - IMMEDIATE CAUSE (o)	R AS A CONSEQUENCE OF	of position of or		JERI 6	
pen per ef A ssit ven		Conditions, if any, which gove	K AS A CONSEQUENCE OF			- racks	
vard per the Chief		rise to immediate couse (a). (DUE TO, 0	R AS A CONSEQUENCE OF				
shauld be executer to ward "pending" a the Chief Medical bur al-transit permit I in any event withi		last.					
the state of the or but or but or		ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELAT	FED TO THE TERMINAL DISEASE OR CONDIT	ION G VEN IN PART 1(a)	1	
dec dec .		176 X					
writ writ wall	ATIO	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION		20. AUTOPSY?	
his cert.fr ate, writine farwar be used r remaval	CERTIFICATION		WAS PERFORMED?			YES NO	
출표 필요		PRIMARY OR CONTRIBUTING HOUR	F INJURY Month, Doy, Year	21c HOW INJURY OCCURRED (Enter not	ure of injury in Part 1 or Port 2, Ite	m 18.1	
INER: Te certific shauld by files. 3 shauld lates.	D CAL	CAUSE OF DEATH	1 4-20 1968		fleurspah was	ech.	
	AM.		(At home, form, street,	21f LOCATION Sweet or R F D. No	City or Town	County State	
EXAMINER: the cert age 4 shault your files. Page 3 shau , cremation,		WHILE NOT WHILE TOCTORY, Office build	Name		1 1	1/Co MI	
ICAL E exect for. Pa ed far CTOR: burria,		220. I certify that I took charge of		/	rspection 📝 🗸 Inquiry 🕑	ond in my opinio	
Sie e ctor ctor ctor ctor ctor ctor ctor ctor		death resulted from Notural co.	sses 🔲 , Accident 🗀	], Su cide 🗾, Homicide 🗌	], Undetermined monner (		
directions of the section of the sec		ACTUAL 7	/	CHIEF MEDICAL EXAMI			
TY. ple oral di oe ret AAL D		SIGNATURE () fru fruilly		M D ASSISTANT MED.(AL E)		SIGNED 2006	
SSOR SSOR Funday B		EXAMINER'S	handt	DEPUTY MEDICAL EXAM ADDRESS (Street, city		- 11 11	
o DEPUTY CICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained far yaur o FUNERAL DIRECTOR: Page Health prior to buria, crem	23a	BUR AL, CREMAT ON, 23b DATE	23c NAME OF CEMET			7. A. Co	
E	12	REMOVALTSperity)  4-24-6	8 Lilla	Dec T	TOCATION (City of Town)	(County) (State)	
: W	24	UNERAL DIRECTOR	ADDRESS	250 REC'D BY R	EGISTRAR 256 REGISTRARS S	IGNATURE	
VR A15ME [5]	4	Ky W. Ver for Sou	( Lungard.	h , 1"		res Just	
. MAL ME 1 1 1 100	4-1			ALL PROPERTY OF THE PROPERTY O	7.0 1300	. V A ()	



(=)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE (		C5:37 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	449
HEALTH DEPT		ECEASED-NAME First	ay Year 2b +OUR
of of of		Type or Print) RAIDH ROUZIE DEATH MATED DEATH MATED DEATH MATED	188 7
3 t	3 5		2d HOUR
deloy		M W 9-18-1906 ost birthday Months Days Hours Min Month of Day of	Year water
A Land	70	BIRTHPLACE (State or foreign 76 CT ZEN OF WHAT COUNTRY?   MARRIED NEVER MARRIED 9 COUNTY OF DEATH	170 17 19
- E-B	con		м
oth ages th for	10 (		B KIND OF BUSINESS OR
de w	1 3		DUSTRY
	130	S. AL DESIDENCE (Whose desected head of excitation floring has before his CITY OF TOWN 13t INSIDE CITY HAVES? 13a STREET AND NUMBER	, 700
de W = 0.0	0	dm ssian) STATE 40 136 COUNTY BACO GIEN BUJEN EYES X NO [ HARSON LO.	nd. 100
hours Item 1 Office Jond 2	14	ATHER'S NAME First Middle Last Stalls MOTHER'S MA DEN NAME First Middle	Lost
24   1   1   1   1   1   1   1   1   1   1	L		EdWARDS
w thin 24 pencil in xaminer's ile pages 72 hours		WAS DECEASED EVER IN S ARMED FORCES?  166 SOCIAL SECURITY NO 17 INFORMANT  ADDRESS  (es, no. or upknown)   (If yes give wor or dates of service)   13 2 / - ///   10 / /   10	
w t per xan xan xan xan	L'	[ff yes give war or dates of service] 226-14-1016 / e12A Jo 180 UZIIZ	
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed in maing in medical I		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MRT-RIO SCIENO TIE -C. V. Cleaner	Gundin
X D m d to		4/29 DUE TO, OR AS A CONSEQUENCE OF	
be hief		conditions, if any, which gave need to immediate cause (a), (b)	
should e word o the Ch ourial-tra	1	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be to word be to the Chief burial-tronsit in any even		(c)	
• ± ← _ □		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
0	8	4221	1
	3	196 OND TON FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his be	CERTIFICAT		YES NO.
VER: The certification of tion, or the certification of the certificatio		21a EXTERNAL CAUSE WAS   21b TIME OF INJURY Month, Day Year   PRIMARY   OR CONTRIBUTING   HOUR A M.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	18 )
MINER: he cert I should r files. r 3 shou	MEDICAL	CAUSE OF DEATH P.M. 19	
the the sema	=	21d INJURY OCCURRED  21e. PLACE OF INJURY (At home form street 21f LOCATION Street or R.F.D. No City or Town factory, office building, etc.)	County State
EXA urte oge yo 'yo		AT WORK AT WORK	
ICAL   CAC   CON Per for Per f		22a. I certify that I taak charge of the remays described above, held an Autopsy , Inspection , Inquiry	and in my apiniar
Se e se e cotol de co		death resulted from: Natural causes 🗹, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	
dure dure		ACTUAL CHIEF MEDICAL EXAMINER 22b DATE SIG	
ry, ple erol di be reti RAL D		SIGNATURE 1	4-C8
7 = 4 - 1		EXAMINERS	9.17.00
necessor the fun S moy IO FUNE Health	230		ounty) (State)
£ 2	100	BUNG ALL GREEN GARAGE CONTERY ESSEX CC.	V D
	24	FUNERAL DIRECTOR ADDRESS / A THEORET 25b REGISTRAR 25b REGISTRARS SIG	SNATURE .
VR A15ME (5)		KIRKLEY FUNGER! Home md DATAPR 8- 1968 Ruand	so Judge
10M REV 1.68		I well with the said the said to the said	-0-0



	051	38	DIAIZION	OF VITAL RECORD		PRESTON STR		IORE, MARYLAND 21201		132
	ECEASED-NAME	F	rst	Middle		Lost		2a. DATE OF DEATH		2b. HOUR
-{-	Type or print)	rs :	R	(nmi)	71	'DE		Month 5	Day Yeor	1:35 PM
3. SI	EX	4	4 RACE			S. DATE OF BI	RTH	6 AGE (In years	1F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
L.	Male		·	hite		July	1889	last birthday) 78 YR		, HUURS : MIR.
	B RTHPLACE (Sh	ote or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIE	D NEVER MAR	RIED 9.	COUNTY OF DEATH		
cau	ntry) Harri:	shura.	111.	U S A	WIDOWE		CED 🔲	Anne Arundel		Md
10 (	CITY OR TOWN	OF DEATH		11. NAME OF HOSPITAL OR give street pddress)			during most	OCCUPAT ON (Kind of work dans t of working life, eyen if retired	] INDUSTRY	BUSINESSOR
130			ensed lived if u	nstitution: Residence before			I3d INSIDE CITY LIMIT		PE 000	iy Coal
adm	ussion) STATE	`	13b, COU	NTY		Burni	YES NO.		63	21.1
	FATHER'S NAME	First	Ann			15 MOTHER'S MA	IDEN NAME Fire	311 tilson	BIVO.	Lost
	THINER S INTINE					13. MOTHER 3 HO				
160	WAS DECEASED		UNKNUL Armed Forces?	П6ь. SOCIAL SECURI	TY NO 112	. INFORMANT	(unkn	Address	Bus	37
	res, na, ar unkno A m	wn) (If yes g	ve war or dates of serv	346-07-	0000	M- C-	- a E	. Aude (Son)	S me as	173
-			one	77		Mr. Cha	T PR -	• 1230 (3011)	APPROXI	MATE INTERVAL
		DEATH WAS CAI	JSED BY:	per line far (o), (b), and	(9)	Maria	111.00	24 44 /	BETWEEN C	HTAGO ONA TECH
		1MM	EDIATE CAUSE (a)		21	1 -00.00	- 0100	211		
	Conditions if	ony, which ga		, OR AS A CONSEQUENCE	OF EN	mosi	egen	ie crucino	MA	
1	rise to imme	diote couse (d	1), (B	OD AS A CONSCIUSIONS	as p	uncen	min	y empris	WEEK A.	~
	stoting the u	nderlying cau	30	, OR AS A CONSEQUENCE (	Ur /			· ·		
	_	R SIGNIFICANT	CONDITIONS CON	7 10-10 1 10-10-10-10-10-10-10-10-10-10-10-10-10-1	NOT RELATED	TO THE TERMINAL	DISEASE OR COL	NDITION GIVEN IN PART 1(0)		
	71111		Collo III Ollo Coll	The second of th	NOT NEETHED	TO THE LEMMIN	. DIWARIOE OR CO.	THE THE PERSON OF THE PERSON O		
I.O.	19a, DATE OF C	PERATION I	9b. CONDITION FO	OR WHICH OPERATION WAS	PERFORMED	20o. AUTO	PSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN C	RTIFYING
CERTIFICATION						YES 🗀	NO 🗆	CAUSES OF DEATH?		
ERT	21a. ACCIDEN	T WAS UNDER!	YING 21b T	ME OF INJURY	21c.			ature of injury in Part 1 or Part 1	2 Item 181	
MEDICAL	OR CONTRIBUT	ing CAUSE OF		A.M. Manth Day Ye	ar		4,000		,,	
AFD AFD	21d INJURY	occupped a	miner)	P.M.  IURY (AT HOME, FARM, STREET, OFFICE BUILDING, EYC.	FACTORY,1 216	LOCATION Stree	t or R.F.D. No.	City or Town	County	State
	While   No	T STILLED		OFFICE BUILDING, ETC.	7	All	01 10.10	0.10	county	
		ify that (1)	this hospital	attended the dece	ased from	WENTALL	22 19 6	7 10 Carril 20	19 68, that	(1) (wa) las
	saw t	he deceased	alive an_4	M44 30	_196C, 0	nd that in (m)	vl (our) opini	on death occurred on the	dote and hour	ond from the
	cause	stated qbi	rve, (I) (we)	(did) (did not) view th	e body ofte	r death.				
	22b. SIGNATED	I.d.	le In	venan	DE	GREE PHYS			AL DATE SIGNED /	8
	22d. PHYSICIA NAME (T		A. 1	6. GUZN	100	22e ADD		CDITAL DE	6150	RADAL
	HAGE (1	100/2	// - 27 -			23	SPUC	THING IT.	OLLIV	
23a.	REMOVAL (Spe		b. DATE			OR CREMATORY		23d. LOCATION (City or Tawn)	(County)	(Store)
_	drial		1ay 3.1			1 Cemet	EPV .	Harrishuro	T ] ]	
24	FUNERAL DIREC	. Com A	0.7	ADDRE			2So. REC'D BY	11 - 1000 00	Liantes S	udge
	Singl	eton h	nueral		u Buit	nie, Md	DATE WA	I Z IDOO A	-,	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled of director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon paper shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 VR A15 (4) 30M REV, 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

Yours An by



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CE 38

TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and commetely filled to by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death

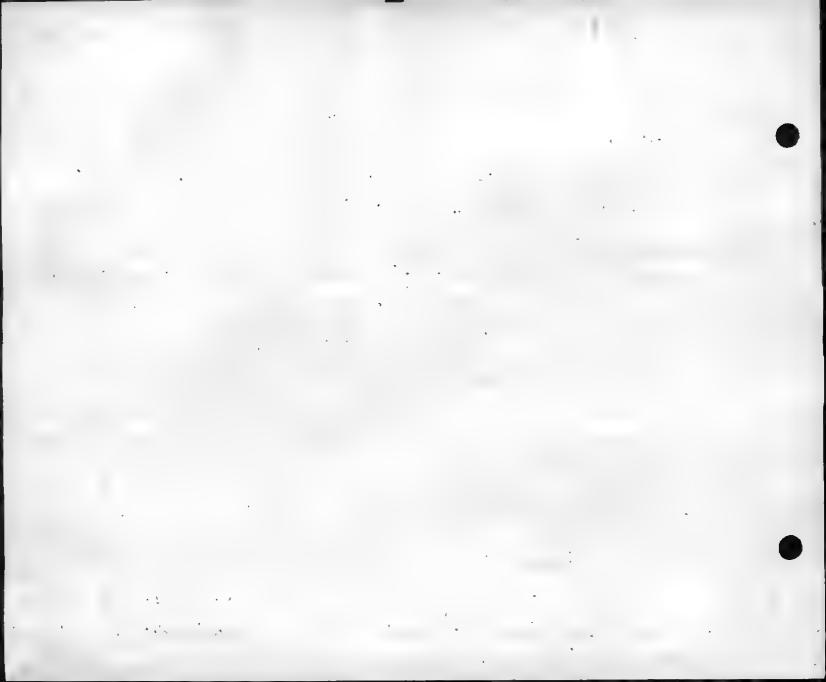
TO HOSPITE OR ATTENDING ENYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital ar attending physician.

CERTIFICATE OF DEATH

	1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
	(	o. COUNTY	o. STATE b. COUNTY
		Horre Arandel MARYLAND	Ma. Arra Arundal
	l	CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 15 write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Carcada Runk
		d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS e S RESIDENCE
			ON A FARM?
	11	orth Arundel Conentecent Home	17 Cedan Toin T Rd. YES NO D
		NAME OF First Middle	. Lost 4 DATE Month Day Year
		DECEASED CONTRACTOR CO	ders DEATH APril 3 1968
	5	(Type or print) I+rI hur E. San	
1	)	SEX 6' COLOR OR RACE 7 MARRIED NEVER MARRIED	last by the day Manthe Days House Man
	1	Male white WIDOWED DIVORCED	12-3-1837 90 YIS
	10a	JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (Caunty & State, or fareign cauntry) , 12 CITIZEN OF WHAT
	duri	ing most of working life, even if retired) INDUSTRY	COUNTRY 2
i		Retired	Mary land 45H-
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	G	George Sanders	Catherine (Bull) Sanders
	15		INFORMANT 7 Cedar Point Road
	(Ye	s, no, or unknawn) (If yes give war ar dates of service) 217-01-0042 Mrs	Edward A. Sanders, Severna Park, Md.
1		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY	MTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE (AUSE (o) ARCIN OMA	TOPPONING (ELL K. VOING COXII) 300 H
		6/9 DUE TO 1/./	1 SINVAINS
		Conditions down which gove >	the Could carried all delenie
		rise to immediate cause (a)	7/10 (7/114/14 19/2/4/1/1/10 (1/3/1/1))
1		stating the underlying cause DUE TO	
Ì		(c)	
		PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND T ON GIVEN IN PART I(a) 19 WAS AUTOPSY
,	2	16/X	PERFORMED?
Χ.	MEDICAL CERTIFICATION		
	RT	206. ACC DENT WAS UNDERLYING ☐ 206 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury a Port I or Port I of tem 18)
	5	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	2		ICE OF INJURY (Hame, farm, 2Df (City or town) (County) (State)
	덽		tary, street, office bldg., etc.)
		part di work — di work — i	
		21 1 certify that (I) (this haspital) attended the deceased fram	, 19 <i>(eG</i> , to <u>/////// 5</u> , 19 <i>(ei</i> ) that (I) (we) last
		saw the deceased alive on Man 28 1968, and that	it death occurred at AUP M, from causes and on the date stated above
		22a. SIGNATURE	22b DATE SIGNED
		transis of cold MI	D. ATTENDING MED DIRECTOR D STAFF D 4-3 GS
		22c. PHYS CIAN'S	22d ADDRESS
		NAME (Type)	SIEVECNA and mil
		BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	
		Burial Specify) 4-5-68 Druid Ridge C	emetery Pikesville, Md.
	24	FUNERAL DIRECTOR 4101 Edmondson Averhores	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	LI	itzke Funeral Directors, Balto., Md. 21	229 DAMAPR 5_ 1968 Schanles Judge
	25,	Torigo randi or par or	וויייין ווייייין ווייייין ווייייין



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 63:40 CERTIFICATE OF DEATH DECEASED NAME First Middle 2a. DATE OF DEATH 2b HOUR (Type or print) Month Donna M Sawver 3 SEX 4 RACE 6. AGE (In years IF LINDER 1 YEAR S. DATE OF BIRTH lost birthday) HOURS MONTHS Female White 17/26/16 CSING à 7g BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🔂 NEVER MARRIED 🗔 Michigan WIDOWED | DIVORCED [ Anne Arundel 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during most of working life, even if retired) INDUSTRY/ Crownsville Crownsville State Hosp. Housewife 13g USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13r CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER odmission) STATE Maryland YES T NO remaye Crownsville 75 Summerhill IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME M: ddle Last Fredrick Einhardt Eva please Einhardt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, ocunknown) attending phys 377-22-6143 Hospital Records, Crownsville State Hosp 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN UNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p berial, crematin Canditions, if any, which gave ) (h) Arteriosclerotic cardio-vascular disease rise la immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [T] 21g ACCIDENT WAS UNDERLYING 216 TIME OF INRIRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State City or Town While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (1)-(this hospital) attended the deceased from-3/29 . 19.68 .. to 1968, and that in (aw) (our) opinion death accurred on the date and hour and from the saw the deceased alive an-D couses stoted above, (1) (we) (did) (did not) view the body ofter death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED.
DIRECTOR STAFF PHYS 4/8/68 DEGREE PHYS director, page 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Crownsville State Hosp, Chownsville Md. Benedict BUR AL CREMATION 23b DATE BURWLE REGISTRARS SIGNATURE ADDRESS 2So RECD BY REG STRAR **FUNERAL DIRECTOR** 



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle First 20. DATE OF DEATH 2b. HOUR fter death and (Type or print) Month funeral 3 SEX 6 AGE (In years NHITE last burthday) requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH remave tarbon papers o any event, within 72 h 0.5A ANNE WIDOWED 7 DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done during most of working life, even thretired) give street address) CRUNNSYILLE 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 138 STREET AND NUMBER 136 COUNTY ANNE ARUNDER MILLERS VILLE YES admission) STATE IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME SCHAMA SAMUEL SARAM 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN US ARMED FORCES? Yes, na. or unknown) 213-10-1541 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH MALNUTRITION 5 DEHYDRATION IMMEDIATE CAUSE (o) \_\_\_\_ signed by the atter burial-transit perm burial, crematian, o DUE TO, OR AS A CONSEQUENCE OF (b) C. BS ass. with SENILITY Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) LAINTETRUCHANTERIC FRACTURE OF R. HIP has been 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? HIP-FRACTURE YES 🗀 O FUNERAL DIRECTOR: After this certificate 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21d ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If a ther, notify med col examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21t. LOCATION Street or R.F.D. No. City or Town County While Not while of work CRONNSVILLE STATE HOSPITAL A.A 220. I certify that (this hospital) attended the deceased from 123/65, 19, to 7/3/65, 19, that (I) (we) last saw the deceased alive on 7/3/65, 19, and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE director, page Shauld be filed PHYS 22e ADDRESS 22d PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. REMOYAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR



	CDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11.6
HEALTH DEPT	1 DECEASED-NAME FISH Middle Lost 20. DATE KNOWN Month De	oy Yeor 2b HOUR
1 N M & B B B	(Type of Pillit)	4 188 AN
Son & KIVIN	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years F JNDER 1 YEAR IF JNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
2, and 3 ta PM3. Page	M W 8-31-51 (16 yrs) MONTHS DAYS HOURS MAN. Month 4. Doy 14	Yeor 1965 PO N
£ 4,0	76 BIRTHPLACE (Stote or foreign 75, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
e Dr.	COLATION Baltimore, Md. U.S. WIDOWED DIVORCED AND AMARE PARCE PROVIDED	tel CO M
death e Page with f with t	10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospita 120. USUAL OCCUPATION (Kind of work done 12	b KIND OF BUSINESS OR
after death 8. Give Pages along with far with the State leath.	glan Burnie give street oddress) Arundel during most of working life even fretired) IN	DUSTRY
after 8. Give alang with th	1 120 MICHAEL DESIDENCE OMborn desposed Look of methodom Das James Referal 120 CHY DR COMON LIST WIND LIST AND NITHABED	
9	odm ss on) STATE Md. 13b. (COUNTY Anne Arundel Pasadena YES NO X Rt.6, Farm View	Rd.
haurs Item 10 Office 1 and 2	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
	Alvin F. Schuh Ruby M. Kahmer	
hin 24 nicil in niner's pages haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no_or unknown) (If yes give war or dottes of sorvice)  16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
I within n pencil Examine File page	(Yes, no, or unknown) (If yes give war or dates of service)  Alvin Schuh - same	
<b>7.5</b> ₩ 6	18 CAUSE OF DEATH (Enter only one couse per me for (o), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
executed inding in Medical E permit. F	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Immeltiple Impression	Secretary
A P A F	1/, 1 DUE TO, OR AS A CONSEQUENCE OF	
"pe ("pe onsit	Conditions, if only, which gave	
shauld e word a the Ch ourial-tre in any	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho in in	lost.   (c)	
te, writing the farwarded to seed as a breezed as a breezed and the remayal, and	PART 2. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
vertificate writing the revarded to reserve as a second as a may and may are may and may are m	2 111	
certific writin farward used a maval,	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
T 0 0 T		YES NO
I THE		IB.)
NER: certity hauld iles. shaul	PRIMARY OR CONTRIBUTING HOUR A M.  PM 4/8 168 Cents accept —  (ALSE OF DEATH    21d .NJURY OCCURRED   21e PLACE OF N. LRY (At home, form, street).   21f LOCAT ON Street or RFD No. (ity or Town)	County State
(AMINER: the certifie the certifie the certifie the development of the certifie that the certifie that the certifie that the certifier that the ce	factors office by Idian ate)	
EXAMINER: ute the cert age 4 shauld your files. Page 3 shauld, crematian,		-0, -
At De Principle At De Principl	22a   certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	
se of	death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined monner	)
r de dire	ACTUAL CHIEF MEDICAL EXAMINER	
JTY I'y, F eral be r Be r price	SIGNATURE ASSISTANT MEDICAL EXAMINER 220 DATE SIG	1 //
Cessary, pe funeral may be refuneral funeral may be refuneral	EXAMINER'S NAME (Type)  E. Linz have of  ADDRESS(Street, city, town, or county)	4-68
necessary, in the funeral S may be roof FUNERAL Health price		ounty) (State)
=	PEMOVA) (Sperify)	11 1 2
N	24 FUNERA DIRECTOR ADDRESS 1250 RECURRAR 250 PROSTRAR 250	NAME
VR A15ME (617)	George J. Gonce-LOOl Ritchie Hgwy., Baltimore DAPR 16 1888 25b PROSTRAR 5 GO	Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Meddla 20 DATE OF DEATH 2b. HOUR DECEASED NAME and (Type or print) IF UNDER 24 HRS IF JINDER I YEAR 5 DATE OF BIRTH 4. RACE (In years 3 SEX requires that the death certificate be executed within 24 hoors after DAYS MONTHS HOURS and campletely filled in by the Vegroe 9. COUNTY-OF DEATH 70. BIRTHALASE (State of foreign OF WHAT COUNTRY? 7b. CITIZE 8. MARRIED MEVER MARRIED country WIDOWED K DIVORCED | NAME OF HOSPITAL OR INSTITUTION (Ill hot in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10 CUPY TOR' TOWN OF DEATH give street oddress INDUSTRY carban 130 USUAL RESIDENCE (Where deceased lived, if institution-Residence before CAY OR TOWN admission) STATE 13b COUNTY remaye Middle IS MOTHER'S MAIDEN NAME First 14 FATHER S NAME Last tending physician a rmit. Then please , ar remaval, and ir please 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17, INFORMANT Address , if yes give war ar dates of service) Yes, na, or unknown) attending BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) signed by the atter burial-transit perm burial, crematian, a arterioselerosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave near rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) tract infection, ‡ **DIRECTOR:** After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Do. AUTOPSY? 39a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? detached for use of Dept. of Health p YES -210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. State 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 168, and that in (my) (aur) apinian death acturred an the date and haur and from the saw the deceased alive an causes stated above, (1) (we) (did) (did not) view the body effer death. director, page 3 shauld shauld be filed with the 22c DATE SIGNED 22b SIGNATURE ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIANS NAME (Type) 22e ADDRESS FUNERAL Shauld i (OLATION (City or Town) (County) 23c NAME OF CEMETERY OR CREMATOR 230. BUR AL, CREMATION 23b DATE 9 25o. REC'D BY REG STRAR ADDRESS VR AT 30M REV WA



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR P DECEASED-NAME Middle Last 2a. DATE OF DEATH Seet 2 requires that the death certificate be executed within 24 hours after death (Type or print) physician and campletely filled in by the funeral en please remove carban papers. Peges and ovel, and in any event, within 72 hours after bear Donald SHARP Warren 968 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) MONTHS 111 70 BIRTHP\_ACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [ Anne Arundel 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR attending physician and campletely repermit. Then please remove carban give street address) during most of warking life, even if retired ) INDUSTRY 3e. STREET AND NUMBER 30 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY LUMITS? 13b COUNTY YES ~ NOT 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle First Last Last 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN Address Yes, na, ar unknown) 1 (1 yes give wat at dates of service) s gned by the attending physi burial-transit permit. Then pl burial, crematian, or removal, 1B CAUSE OF DEATH (Enter only one cause per time for (a), (b) and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gave } rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a) attending p io FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept of Health prior to 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO XX be retained by the haspital ar 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210 ACC DENT WAS UNDERLYING 216 TIME OF INJURY CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 1 ATTENDING 22a. I certify that (I) (2000 1000) attended the deceased from-19 6 P, and that in (my) (200) opinion death occurred on the date and hour and from the sow the deceased alive on\_ causes stated above, (1) free (did) (depositiview the bady after death 226 SIGNATUR 22c. DATE SIGNED MED. DIRECTOR DEGREE PHYS Page 4 may 22d. PHYS CIAN S 22e ADDRESS NAME (Type) 121 Cathedral St., Annapolis, Md. Richard N. Peeler, M.D. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23a BURIAL CREMATION (County) (State) REMOVAL (Specify) ADDRESS REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68



125	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH										
First				SHECKELS		Month D	25, 1968	2b. HOUR 3 45 M			
9	4 RACE Whit	ė		S. DATE OF BIRTH Dec. 26,	1891	6 AGE (n years ast buthday) 76 YRS	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HÖJRS MIN			
tate or foreign and	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF	Arundel (	County,	Md			

country Maryl IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 12b. K ND OF BUSINESS OR give street oddress)
311 Seward Avenue INDUSTRY AIrcraft Paris during most of working life, even if retired.) Breeklyn Park 13o USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY JIM TS7 13e STREET AND NUMBER 13b COUNTY 311 Seward Avenue Brooklyn Pk Anne Maryland 14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lest J. Sheckels Mary William 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) S. Mande Sheckels APPROX MATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 2 4 Kin IMMEDIATE CAUSE (a) Conditions, if any, which gave rise ta immediate cause (a). DUE TO, OR AS stating the underlying cause 11/2 gr. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

: ]	1 / - 2 - /			
Ĕ l	190. DATE OF OPERATION	396. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
			YES NO	CAUSES OF DEATH?
. 1	21 g. ACCIDENT WAS UNDE		/ INJURY OCCURRED (Enter nature	a of injury in Part 1 or Port 2, Item 18.)

(If either, notify medical examiner) 21d. INJURY OCCURRED ( AT HOME FARM, STREET, FACTORY City or Town 21e. PLACE OF INJURY 21f LOCATION Street or R F.D. No. County

While Not while at work 19 ( & , that (1) (we) last 1968, and that in (my) (aur) apinion death accurred on the date and have and from the

22a. I certify that (I) (this hospital) attended the deceased from 3/saw the deceased alive an 3/25 1968, and that causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF MED. DIRECTOR DEGREE April 26, 1968 PHYS

22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. G. S. Lingae 7308 Furnace Branch Rd, N.E.

Blen Burnie 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (Stote) 230 BUR AL CREMATION (County)

REMOVAL (Specify) 27,1968 Glen Haven Cemetery Ritchie Hgwy., A.A.Co., Md. 24 FUNERAL DIRECTOR 2\$a

VR A15 (4) 30M REV 1/68

PMYSICIMM: The low requires that the Meath certificate be emecuted within 24 hours aftim death.

funeral

physician and completely filled in by the

popers

corban

remove

pleose

**D FUNERAL DIRECTOR:** After this certificate has been signed by the offending physi director, page 3 should be detoched for use as the burial-tronsit permit. Then pl should be filed with the State Dept. of Health prior to buriol, cremotion, ar removal,

Mage 4 may be retained by the hisspital or attending physician

O BOSPITAL OR ATTENDING

O FUNERAL DIRECTOR: After this certificate has been

ond in ony event, within

12 35

Mal 70 BIRTHPLACE (S

I. DECEASED NAME

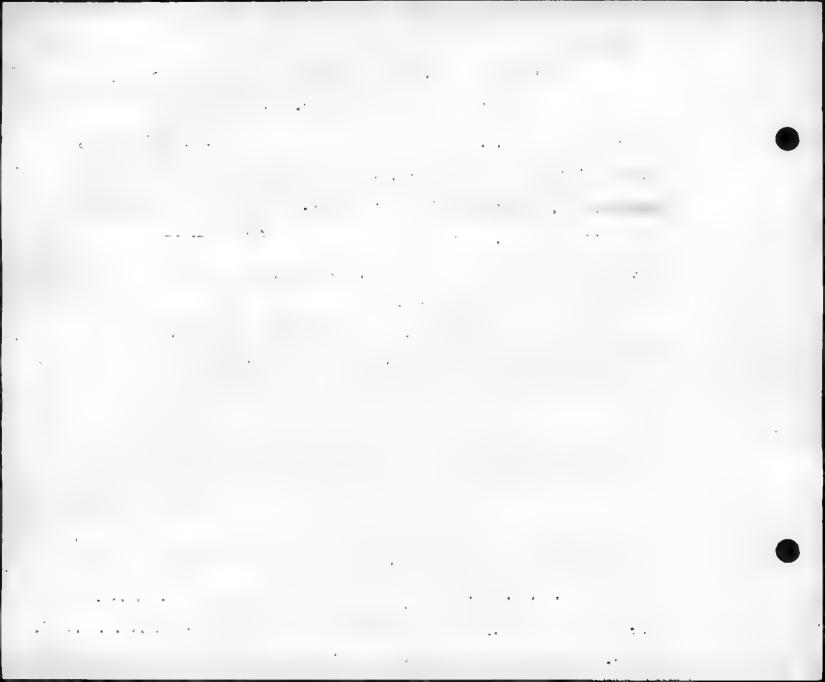
SEX

(Type or print)

George J. Gonce-4001 Ritchie Hgwy., Baltimore

DATE

State



MARYLAND STATE DEPARTMENT OF HEALTH 25746 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05150 1. DECEASED-NAME First Middle Last 20 DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 haurs after death. Month 25 Day 68 ear (Type or print) BRADLEY SHIPLEY P 3. 5EX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 AGE (In years last biphday) Feb. 24. 1884 Male White 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Maryland U.S.A. WIDOWED X DIVORCED Anne Arundel 12a USUAL OCCUPAT ON (Kind of work dame 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 126 KIND OF BUSINESS OR give street address}during mast af warking ife even if retired)
Retired Boiler Ma pan Brooklyn 6th Street Boiler Maker 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d INSIDE CITY UM 15? odmiss on) STATEMaryland 13h (OUNTY Brooklyn 6th Street 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Middle First Last John Shipley Elizabeth Shipley 165. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no er unknown) 218-09-2781 ar removal, John R. Shipley. Rt. 2. Sykesville 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🗌 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY) 21f LOCATION Street of R.F.D. No City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 1958, and thorin (my) (eur) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR

director, page should be filed VR A15 (4) 30M REV 1/68

23a BUR AL, CREMAT ON 23b DATE 4/27/1968

22d. PHYSICIAN S

Brandenburg Cemetery

23d LOCATION (City or Town) Berrett, Carroll, Md.

24 FUNERAL DIRECTOR C.M. Waltz, Box 241, Sykesville, Md.

250 REGISTRAR 1968 REGISTRARS SIGNATUR

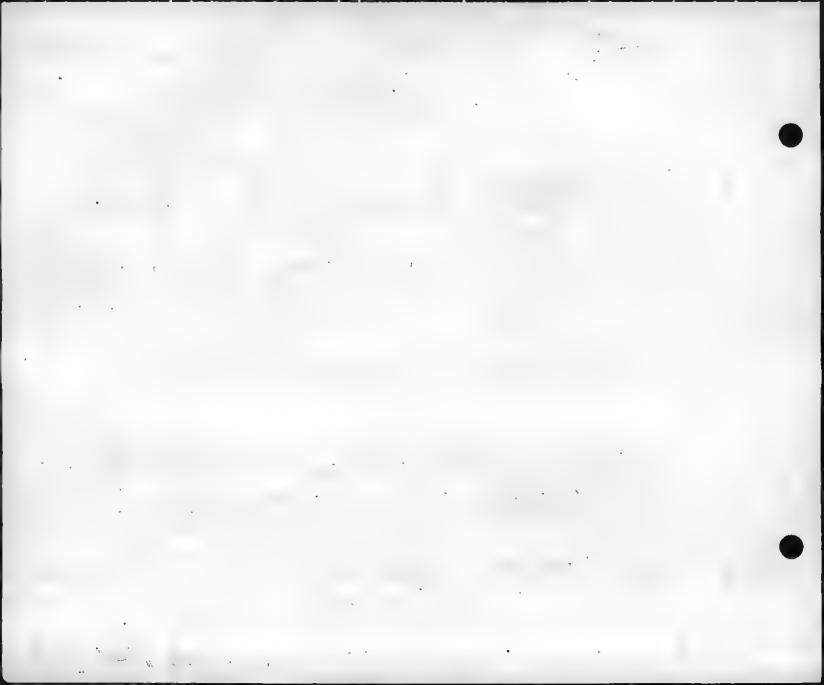
22e. ADDRESS

3904

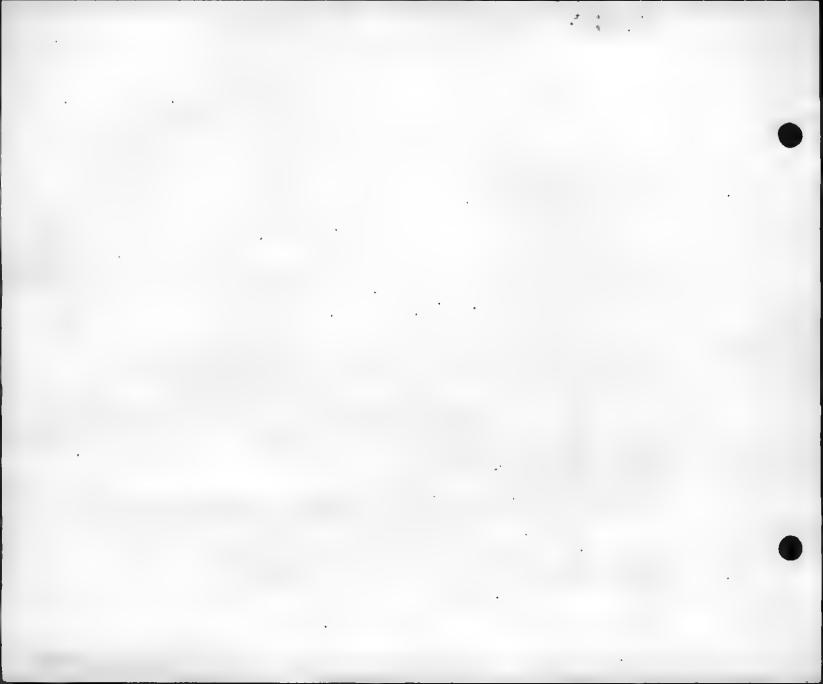
5, HANOVERST, Balto, Md



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 2a DATE KNOWN Month (Type or Print) 050 DEATH MATED 4 RACE S DATE OF BIRTH IF UNDER 24 HRS 3 SEX 2c DATE PRONOUNCED DEAD 2d HOUR 5-19-26 70 BIRTHPLACE (State or fore gn 7b CITIZEN OF WHAT COUNTRY? MARRIED TENEVER MARR ED 9 COUNTY OF DEATH country lashington D A. A. Co Widowed [ DIVORCED [7] 11 NAME OF HOSPITA, OR INSTITUT ON (if not in haspital 12a. USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH give street address during appst of working life even if retired.) ANNApolis-Howadel. Gen 130 USUAL RESIDENCE (Where deceased ved, finstitution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS7 13e STREET AND NUMBER 13b. COUNTY Pro Geo dupHsvill YES MO NO Dean Drive 14. FATHER S NAME FIEST IS MOTHERS MAIDEN NAME Joseph Thomas Harry Carrie Wheeler 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (if has give war or dates of service) Jean Il Sims Hyattsville, Md. 579 18 9784 APPROX MATE INTERVAL IB CAUSE OF DEATH (Enter any one couse per line far (a), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate couse (a), This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) 19g DATE OF OPERATION 19b. COND T ON FOR WHICH OPERATION 20 AJTOPSY? WAS PERFORMED? NO FSK 21c HOW INSURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING 21f LOCATION Street at R F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame form street, City or Town State factory, affice beliding, etc.) MID 220 | certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry X. and in my opinion death resulted from: \_\_Noturol couses [], Accident [A], Suicide [], Ham.cide [] Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM NER DEPUTY MEDICAL EXAMINER E. Linhar dt **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) ∽ o 23a BUR AL, CREMATION, 23c NAME OF CEMETERY OR BRESOCREDY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Baltimore, Md. apr 16, 1968 Baltimore National Burial 24 FUNERAL DIRECTOR **ADDRESS** 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. VR A15ME (5) 10M REV 1

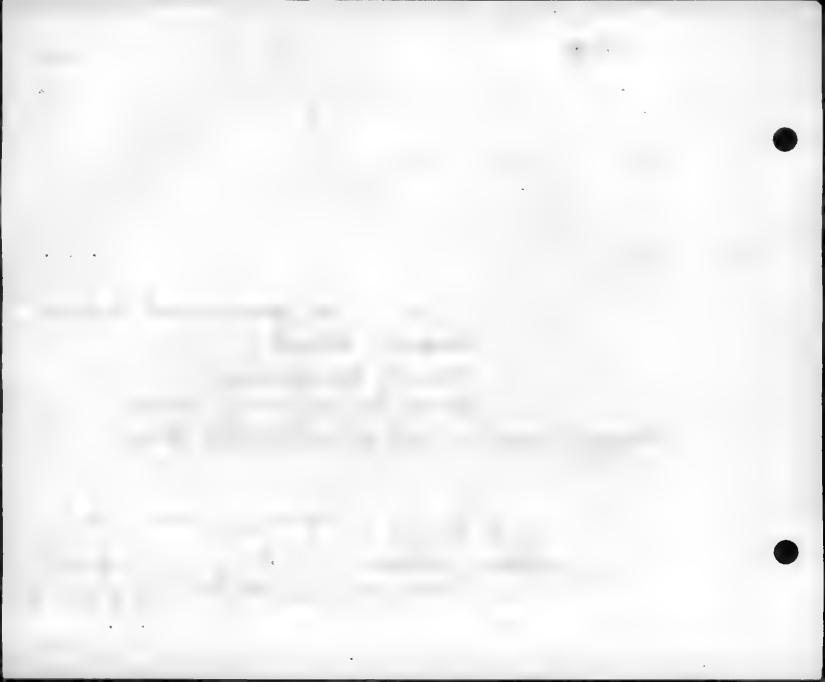


FOR STATE HEALTH DEPT    DICTAL EXAMINERS SCERTIFICATE OF DEATH			DIVISION OF VITAL RECORDS, 301 W. PRESION SIREE, BALTIMORE, MARTLAND 21201	d for a
STATE   CONTROL OF BATH   CO	FOR STATE / K	X	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	i.v
3 SEX	HEALTH DEPT./X	F17:	DECEASED WAME First Middle ( Lost 20 DATE KNOWN Month	Doy Year 2b HOLR
The British Residence before the control of the con	20 e to ./	V	Type or Print) Howard DEATH MATER TO 4	15 168 P
To BRITIFICAL (Stole or foreign for Control of Which Country and Stole or foreign for Country for Britification of Which Country for the Count		3 5	SEX TA RACE. S DATE OF PURTH TO AGE IN YEAR OF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	
The control of the co	P P P P P P P P P P P P P P P P P P P	1)	loss berthday) MONTHS DAYS HOURS MAN Month / Day	
The control of the co	P. Sar	70	- G 1K3 7 2	TY N
The County of the control of the c	- E G .			
The County of the Contribution of the Contri	for for some some some some some some some some	10		Mo
The County of the Contribution of the Contri	Pog ith Ste	110	ally ok rown of Death Thank or Host fall ok instruction (if not in Pospital Tizo Usual Octuration (kind of work done during most of work no if e.even frefired)	
The County of the control of the c	ve ve g w	Z.		
The County of the control of the c	of the other			- 1
THE WAS DECESSED URE IN U.S. A MAKE DECESS?  (Yes, no, ay inchown)  (It is consistent to the page of t	N - 0	L°	AD ISO COUNT ARCO YES NO X X 7 - Rx 3	10 17.
THE WAS DECESSED URE IN U.S. A MAKE DECESS?  (Yes, no, ay inchown)  (It is consistent to the page of t	em fffic fffic	[4, ]	FATHER'S NAME First Middle Lost 15. MOTHER'S MAJDEN NAME First Middle	Fa2)
18 CAUSE OF DEATH (Enter only one course per ling for (o), (b) and (c))		/	Came Some	
18 CAUSE OF DEATH (Enter only one course per ling for (o), (b) and (c))	n 2 Il ir			n
DUE TO, OR AS A CONSEQUENCE OF  INMEDIATE CAUSE (O)  PART I. DEATH WAS CAUSED BY  INMEDIATE CAUSE (O)  THAT I DEATH WAS CAUSED BY  INTERVIEW OF THE I DEATH WAS CAUSED BY  INTERVIEW OF THE I DEATH WAS CAUSED BY  THE THAT IN EXCENSION OF THE I DEATH WAS CAUSED BY  INTERVIEW OF THE I DEATH WAS CAUSED BY  THE THAT I DEATH WAS CAUSED BY  INTERVIEW OF THE I DEATH WAS CAUSED BY  INTERVIEW OF THE I DEATH WAS CAUSED BY  THE THAT I DEATH WAS CAUSED BY  THE THAT I DEATH WAS CAUSED BY	enc minimis po 2 hr	(	fes, na, ar unknown) (If yes give war or dates of service)	Anne
DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  Station in the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  Station in the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  Station in the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  Station in the underlying couse  (c)  PART 2 OTHER GRIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(c)  190. DATE OF OPERATION  190. DATE OF O	Exe Exe File	┝	10 CALLET OF DEATH (Seturation on the for (a) (b) and (c)	
DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  Station in the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  Station in the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  Station in the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  Station in the underlying couse  (c)  PART 2 OTHER GRIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(c)  190. DATE OF OPERATION  190. DATE OF O	ithir ithir		PART I, DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
Conditions, fit ofly, which gove to immediate couse (o) stating the underlying couse (o) stating th	ding			
Stating the underlying cause lost to the terminal disease or condition given in part 1(a) and the certification of the terminal disease or condition given in part 1(b) and the certification of the certification of the terminal disease or condition given in part 1(a) and the certification of the certifi	f M			mulde
PART 2 OTHER , GRIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)  190. DATE OF OPERATION  190. CONTRIBUTING   190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  190. DATE OF OPERATION  190. DATE OF OPERAT	Tong		use to immediate couse (a) (b)	
PART 2 OTHER , GRIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)  190. DATE OF OPERATION  190. CONTRIBUTING   190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  190. DATE OF OPERATION  190. DATE OF OPERAT	ony		and the prodettying coose	
PART 2 OTHER , GRIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)  190. DATE OF OPERATION  190. CONTRIBUTING   190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  190. DATE OF OPERATION  190. DATE OF OPERAT	sho e v in in		lost (t)	
190. DATE OF OPERATION  190. D	m ÷ ← ¬			
WAS PERFORMED?    YES   NQ		z	250	
WAS PERFORMED?    YES   NQ	wri	AT10		20 AUTOPSY?
210 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   21b TIME OF INJURY Month, Day, Year HOUR ALM P.M. 19 ( & Couff Letter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   21b TIME OF INJURY Month, Day, Year HOUR ALM P.M. 19 ( & Couff Letter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   21b TIME OF INJURY Month, Day, Year HOUR ALM P.M. 19 ( & Couff Letter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   21b TIME OF INJURY Month, Day, Year HOUR ALM P.M. 19 ( & Couff Letter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CENTED (Enter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CENTED (Enter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CENTED (Enter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CENTED (Enter nature of injury in Port 1 or Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CENTED (Enter nature of injury in Port 2, Irem 18)    21a EXTERNAL CAUSE WAS PRIMARY OF CENTED (Enter nature of injury in Port 2, Irem 18)    21a EXTERNAL CAUSE WAS	0 - 0 0	ΙĔ	WAS PERFORMED?	YES 🔲 NO 🔀
220. 1 certify that I tack charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apintan death resulted from. Natural causes , Accident , Suicide , Hamicide , Undetermined manner   ACTUAL SIGNATURE   EXAMINER'S NAME (Type)  230. BUR AL CREMATION, 23b DATE   231. LUCATION Street at R.P.D. No.  CHIEF MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   ADDRESS(Street, city, town, or county)  232. BUR AL CREMATION, 23b DATE   233. NAME OF CEMETERY OR CREMATORY  234. NAME (Type)  235. NAME OF CEMETERY OR CREMATORY  236. NAME OF CEMETERY OR CREMATORY  237. NAME (Type)  238. DATE SIGNATURE  239. NAME OF CEMETERY OR CREMATORY  230. NAME OF CEMETERY OR CREMATORY  231. NAME (Type)  232. NAME OF CEMETERY OR CREMATORY  2334. NAME OF CEMETERY OR CREMATORY  234. NAME OF CEMETERY OR CREMATORY  235. NAME OF CEMETERY OR CREMATORY  236. NAME OF CEMETERY OR CREMATORY  237. NAME OF CEMETERY OR CREMATORY  238. NAME OF CEMETERY OR CREMATORY  239. NAME OF CEMETERY OR CREMATORY  230. NAME OF CEMETERY OR CREMATORY				Item 18)
220. 1 certify that I tack charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apintan death resulted from. Natural causes , Accident , Suicide , Hamicide , Undetermined manner   ACTUAL SIGNATURE   EXAMINER'S NAME (Type)  230. BUR AL CREMATION, 23b DATE   231. LUCATION Street at R.P.D. No.  CHIEF MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   ADDRESS(Street, city, town, or county)  232. BUR AL CREMATION, 23b DATE   233. NAME OF CEMETERY OR CREMATORY  234. NAME (Type)  235. NAME OF CEMETERY OR CREMATORY  236. NAME OF CEMETERY OR CREMATORY  237. NAME (Type)  238. DATE SIGNATURE  239. NAME OF CEMETERY OR CREMATORY  230. NAME OF CEMETERY OR CREMATORY  231. NAME (Type)  232. NAME OF CEMETERY OR CREMATORY  2334. NAME OF CEMETERY OR CREMATORY  234. NAME OF CEMETERY OR CREMATORY  235. NAME OF CEMETERY OR CREMATORY  236. NAME OF CEMETERY OR CREMATORY  237. NAME OF CEMETERY OR CREMATORY  238. NAME OF CEMETERY OR CREMATORY  239. NAME OF CEMETERY OR CREMATORY  230. NAME OF CEMETERY OR CREMATORY	culd ould only	₹		elec of brush
22a. 1 certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apintary death resulted from. Natural causes, Accident, Suicide, Hamicide, Undetermined manner  ACTUAL SIGNATURE	Sho sho sho of ice of the office of the offi	MED		County Stote
22a. 1 certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apintary death resulted from. Natural causes, Accident, Suicide, Hamicide, Undetermined manner  ACTUAL SIGNATURE	th the same same same same same same same sam		WHILE NOT WHILE factory, office building, etc.)	ANCO MO
death resulted from: Natural causes   , Accident   , Suicide   , Hamicide   , Undetermined manner    ACTUAL SIGNATURE	© 5 % ~ € .			- /
CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE SIGNATURE SIGNATURE  ACTUAL SIGNATURE SIGNATURE  EXAMINER'S NAME (Type)  22b DATE SIGNED  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  23d BUR AL, CREMATION, DINOVAL (Specify)  ACTUAL SIGNATURE  22b DATE SIGNED  34-11-6  ADDRESS(Street, city, town, or county)  23d BUR AL, CREMATION, DINOVAL (Specify)  41-11-6  ACTUAL SIGNATURE  ASSISTANT MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ASSISTANT MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  ACTUAL SIGNATURE  ASSISTANT MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ASSISTANT MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  ACTUAL SIGNATURE  ASSISTANT MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ASSISTANT MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  ACTUAL SIGNATURE  IGNATURE  ACTUAL SIGNATURE SI	A X L T D E			
SIGNATURE EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPU	Se control of the con		death resulted from Notural couses [], Accident [2], Suicide [], Hamicide [], Undetermined manner	
SIGNATURE EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPU	direct of the second of the se		Laction Cod / Laction	
EXAMINER'S NAME (Type)  230 BUR AL CREMATION, 23b DATE  23c NAME OF CEMETERY OR CREMATORY  23d LOCATION (C1 y or Town)  (County)  (Stote)	AI AI Prio		SIGNATURE ASSISTANT MEDICAL EXAMINER 220 DATE	
MOVAL (Specify) 4/19/68 Balts Natural Balts Cily	on I		EXAMINER'S  DEPLTY MEDICA, EXAMINER	-/(8
MOVAL (Specify) 4/19/68 Balts Natural Balts Cily				AT ALL
Commission of the said that was wall tilly	DEI DEI DEI POLITI			AACO.
24 FUNERA, D RECTOR ADDRESS 250 REC D BY REG STRAR 256 REGISTRAR'S SIGNATURE	to DEI necess the fu 5 mo 5 mo Health	230	NAME (Type) E. LIND ARCOT ADDRESS(Street, city, town, or county)  a BUR AL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d—LOCATION (City or Town)	(County) (Stote)
	TO DES necess the fu 5 mo 70 FUN	1	NAME (Type) F. L/N/ARCYT ADDRESS(Street, city, town, or county)  a BUR AL (REMATION, REMOVAL (Specify)  BUN AL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY  BUN OVAL (Specify)  BUR AL (REMATION)  COUNTY OF TOWN)  COUNTY OF TOWN)	(County) (State)
10M REV 1/68 D. J. Brunklor 108 M Montatoma S DATE APR 18 1968 Williamles Judge.	TO DEI necess the fu 5 mo 10 FUN	1	NAME (Type) F. L/N/ARCYT ADDRESS(Street, city, town, or county)  a BUR AL (REMATION, REMOVAL (Specify)  BUN AL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY  BUN OVAL (Specify)  BUR AL (REMATION)  COUNTY OF TOWN)  COUNTY OF TOWN)	4

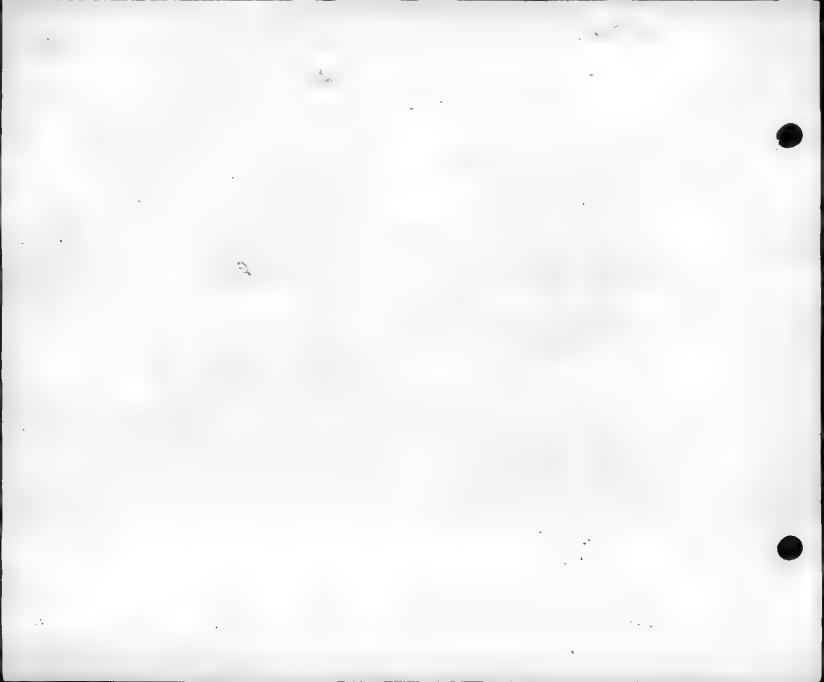


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY 💉 b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN TH c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest town) MONTH SA-DENA d NAME OF HOSP JAL OR INSTITUTION (If not in hospital, give street address) IS RES DENCE paper ON A FARM? 76,100 LAR NO A Middle DATE Month carban Dov Year DECEASED OF event, (Type or pnnt) DEATH S. SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months in any WIDOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work done IDE KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) law requires that the death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY and Housewife None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Amedia Masureck August Goltz IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT (Yes, no, grunknown) (If yes give war or dates of service) Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) þ **DUE TO** Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPSY PERFORMED? NO 20a ACC DENT WAS UNDER, YING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour am. While Not While foctory, street, office bldg., etc.) of work 21. I certify that (1) (this haspital) attended the deceased fram 3-5-, 1960, ta 4-7-, 1960, that (1) (we) last saw the deceased alive an 4-9-1960, and that death accurred at 1169 P. M., from causes and an the date stated above 3-5-1960 to 9 \_ . 19 W, that (1) (we) last TO FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR PHYS page e filed 22d ADDRESS 22c PHYSICIAN'S NAME (Type) director, p 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Beltimore, La. Western Cemetery Burial 24 FUNERA. DIRECTOR 25o, REC'D BY REG STRAR 25b. REGISTRAR 5 5 GNATUR VR A15 (4) Patapsco Ave. Balto. Md. 21225 DATE A D P



	1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
-			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4 7 7 74
	HEALTH DEPT		DECEASED-NAME First Common Deceased Lost 20 DATE KNOWN Month D	Day Year 2b HOUR
	3 to 3 to 2 to 3 to 3 to 3 to 3 to 3 to	'	(Type or Print) FRANCIS WITH TANGERMAN DEATH MATED 4	8 68 DM
	delay	3 5	SEX 4 RACE 5 DATE OF BIRTH 6 AGE (" years LINDER 1 FER" F JINDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
	P P P P P P P P P P P P P P P P P P P		M 3-23-1926 272 YRS MONTHS DAYS MOLES MIN MONTH 4 DOY 8	Year John M
	E 2/2 B	70	BIRTHPLACE (Stote or foreign 76 CIT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	77 77 111
	for the part of th		ntry) OHIO U.S.H. WIDOWED DIVORCED DIVO	Md
	Pages vith far	10.	CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12	2b. KIND OF BLSINESS OR
	after death 8. Give Pages atong with fa with the State leath	10	armed gry tract gottess) there there deland during most of yorking He even if tetred) IN	VDUSTRY S GY 7
	ter de Give   ang w th the	130	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13C CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	0,0.0001.
	10 0	0	odmission) STATE 40 13b. COUNTY AACU PRUOLD YES NO 12 R12-13mf/2	82
	haurs after death Item 18. Give Pag Office alang with 1 and 2 with the Sta after death	14	FATHER'S NAME First Middle Lost , IS MODIFR'S MAIDEN NAME First Middle	Last
			WILLIAM G. LANGERMAN HUNG BUDG	DENDECK
	hin 24 nc1 in n ner s pages haurs	160	ANY DECEMPEN EACH IN 17.3 WENCH LOKED. TOUR TOTAL THE PUBLICAL TO INTO THE PROPERTY OF THE PRO	JETO DECIT
	s certificate shauld be executed within 24 e, writing the word "pending" in pencil in farwarded to the Chief Medical Exam ners used as a burial-transit permit. File pages emaval, and in any event within 72 hours	1	YES, no or Linknown) [14, yespye was occasion of service] Julia TANORSMAN # 13 E	
	d wt in pe Exan File in 72		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), (b), (c).)	APPROX MATE INTERVAL OF WEEN ONSET AND DEATH
	be executed "pending" in nief Medical E ansit permit F event within		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Culture Monnescience	MANAGEN UNDER AND BEATH
	Med per		DUE TO, OR AS A CONSEQUENCE OF	and the
	be e 'pe		Conditions, if ony, which gove	
	word "per the Chief r'al-transit		nse to immediate cause (a), (b) Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	shauld e word a the Cl		lost.	
	the the 1 that 1		PART 2 OTHER S-GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	is certificate the writing the farwarded to be used as a bread and remayal, and	-	973,	
	cert', writarvar	I G	190. DATE OF OPERATION [196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
		CERTIFICATION	WAS PERFORMED?	YES TO NO
			210 EXTERNAL CAUSE WAS 210 T ME OF IN. JRY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	118)
	certification of the stant of t	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
	sh sh as a sa s	WE!		County State
	EXAMINER: ute the certi age 4 shauld your files. Page 3 shau , remat an,		WHILE NOT WHILE foctory, office building, etc.)	
	53 S S' 1 S		22a   certify that toak charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apınıan
	OICAL E caeculease execulares execulares for Pares of Par		death resulted from Natural causes , Accident , Suicide , Hamicide Undetermined manner	7
	please direct direct DNRECT DNRECT DNRECT DNRECT DRECT		CHIEF MEDICAL EXAMINER	_
	2 2 0		ACTUAL SECTION OF THE STATE OF	GNED
			EXAMINER'S DEPUTY MED CA. EXAMINER 4-6	-68
	o DEPUTY necessary, p the funeral 5 may be re 0 FUNERAL Health print			MED.
	0 = = 2 D =	230	BURIAL, CREMATION, 230. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (C	ounty) (State),
		26	SEMPTION 4-9-68 Ft. LINCOLN BLADENSBURG	MD.
	(1)	74	PUNERAL DIRECTOR 250. RECD BY REGISTRAR 250. REGISTRAR'S SIG	4 //
	VR A15ME (1,7)	丛	hu M. Voy For & Hory Churchols, Mdo DATE APR 1 0 1988 Holian	las judges
	4/			



		DIVISION OF VITAL RECORDS, 301 W. PRESION SIREET, BALTIMORE, MARTLAND 21201	Al Cifful a a
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1
HEALTH DEPT.		DECEASED NAME (Type or Print)  OF ESTI	7 4
- 5 8 - 3 IVI		Thomas DEATH MATED 4 13	
y delo	3. \$	July 9, 1958 AND THIS DAYS HOURS MAN MONTH DOY	Year 1968 / 23/
orm A		BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED S. 9. COUNTY OF DEATH OF USA WIDOWED DIVORCED ALTHE AFUL de	e M
ve Pages 1, 2, and 1 with form PM3.	10. (		KIND OF BUSINESS OR STRY
	13o a	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OF TOWN 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13c INSIDE CITY LIMITS? 13e STREET AND NUMBER 2 13c INSIDE CITY LIMITS? 13c INSIDE CI	Lando En :
4 - 10 0	14 F	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Se	eydel
n pencil in Examineria Examineria F.le pages in 72 haurs		WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes give wor or dolles of service)  166 SOCIAL SECURITY NO  17 INFORMANT  No. Perry (. Thomas, Ir. ()	Same)
		The court of personal design of the court of	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ward "pending"   the Chief Medical tid-transit permit.		Out TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave )	
		rise to immediate cause (a), stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF	
fcate string the rided ta as a bu	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART I(0)	
his certificate of writing the efarwarded to be used as a bremaval, and	CERTIFICATION	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20 AUTOPSY? YES NO
_ 5 = 5 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	ই	210 EXTERNA_CAUSE WAS PRIMARY FOR CONTRIBUTING 1248 PM 4. 13 1968 Pellest rian Struck by Car	3.)
(AMINER: te the certi je 4 shauld yaur files. age 3 shau crematian,	MED		State M.D.
CAL EXPENDED TO THE PROPERTY OF THE PROPERTY O			and in my apiniar
ase ase IREC		CHIEF MEDICAL EXAMINER	
y, ple rral d se refr AL D		SIGNATURE MD ASSISTANT MED CAL EXAMINER 226 DATE SIGNE	ED / ()
DEPU cessar may k FUNER		EXAMINER'S WETHER U. Spitz, M.D DEPUTY MEDICAL EXAM NER [ 4.14. NAME (Type) ADDRESS(Street, city, town, or county)	· 62 X
<b>5</b>		Duccar	(Stote)
VR A15ME (5) 10M REV 1/68	24 <u>L</u>	eonard J. Ruck, Inc. Balto. Md. 21214 DATE AT IN 5 1968 REGISTRAR 95 S. CHA.	Judge

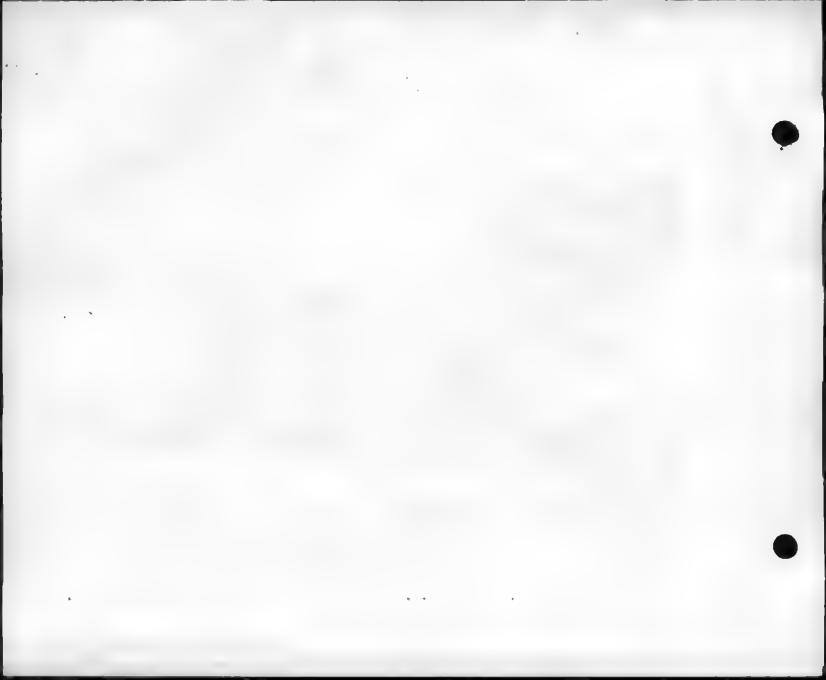


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

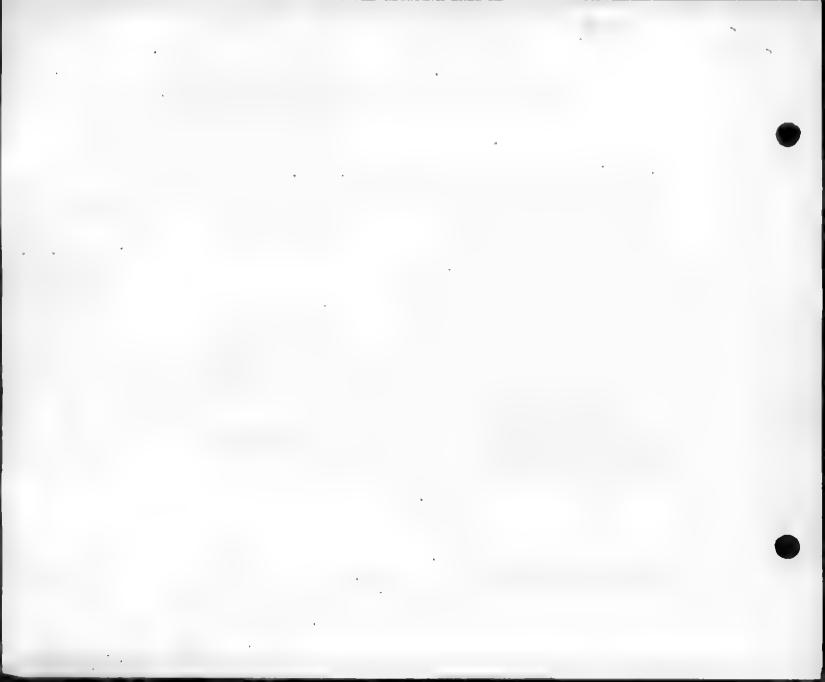
2b. HOUR 10 DECEASED-NAME Lost 20. DATE OF DEATH \_Earst Middle Aprilia (Type or print) TURNER IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS 30 171 1 To BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN MARRIED NEVER MARRIED WIDOWED [ DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address): during most of working life, even if retired ) INDUSTRY 130 USUAL RESIDENCE (Where deceased aved, if institution Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 36. COUNTY admission) STATE YES X NO F 14 FATHER'S NAME MOTHER'S MAIDEN NAME First Middle Last Last 160 WAS DECEASED EVER IN US ARMED FORCES?
(es, no, or (pikinowin) (II yes give war or dotes of service) 16b SOCIAL SECURITY NO. INFORMANT Address APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ids† PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗔 NO TY 210 ACCIDENT WAS UNDERLYING 216 TIME OF NURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21d NJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Nat while at work 22a. I certify that (1) (this hospital) ottended the deceosed from amic? 1964, 10 april saw the deceased alive an and 19 1968; and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death. 226 SIGNATURE 226 DATE SIGNED X DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 1711 Forest Drive, Francis Kopack. Annapolis, Md. 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURJAL, CREMATION (County) REMOYAL (Specify) FUNERAL DIRECTOR REGISTPAR'S SIGNATUR

requires that the death certificate be executed within 24 hours ofter death the attending physicion and completely filled in by the funeral sit permit. Then please remove carban papers. Pages Least notion, or removal, and in any event, within 72 hours offer deal cremotion, buriol-tronsit p signed by physicion. ottending prior to O FUNERAL DIRECTOR: After this certificate has been as the for use Health be retained by the hospital or Jo. be detoched TENDING should director, page 3 should be filed v

VR ATS 30M IE\



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1 DECEASED NAME First M dale 2a DATE KNOWN Year (Type or Print) OF. ESTI DAVID SCHAICK S. VAN DEATH MATED 6. AGE ( n years 3. SEX 4 RACE S DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR Mar. 24, 1908 Male Cauc. 60 To BIRTHPLACE (State or foreign 7b CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH New York WIDOWED [ DIVORCED TO Anne Arundel 0 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired ) **NDUSTRY** l and 2 with the Annapolis Anne Arundel Gen. Hosp. 13a USUAL RESIDENCE (Where deceased I yed if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY JAMJES? 13e STREET AND NUMBER YES NO Arundel Edgewater Box 395 Beach Drive Middle 14 FATHER 5 NAME 15. MOTHER S MAIDEN NAME First Dorothy (Unknown) William Van Schaick haurs Daug. ADDRESS Utica. N. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 6b SOCIAL SECUR TY NO 17 INFORMANT penci (Yes na, ar unknawn) XXX Jeanne Arving File Ma APPROK MATE INTERVAL event within 18 CAUSE OF DEATH (Enter only one cause per line for (ii), (b) and (c) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause farwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF NJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 181 3 should PRIMARY OR CONTRIBUTING HOUR A.M ICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF IN. JRY (At home, form, street, 21f .OCATION Street or R.F.D. No. City or Town State County factory, affice building, etc.) WHILE MOT WHILE O 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Suicide 🗌 death resulted from Natural cooses Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 5 m TO FUN. Health **EXAMINER'S** ADDRESS(Street, city, fown or county) NAME (Type) he 23a BLR AL CREMATION. 23b DATE 23d LOCAT ON (City or Tawn) CEMETERY OR CREMATORY REMOVAL (Specify) Suitland, Maryland 4-29-68 Cedar Hill Crematory remation 24 FLNERAL DIRECTOR 250 RECD BY REG STRAR 25b REG STRAR S SIGNATURI VR A15ME (5) PUMPHREY. Bethesda, Maryland 10M REV 1768



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Midd e 20 DATE OF DEATH 2b HOUR e low requires that the death certificate be executed within 24 hmurs after death (Type or print) IAM 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF JNDER 24 HRS last\_birthday) MONTHS HOURS 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED (country) MIDOWED DIVORCED the attending physicion and campletely filled isit permit. Then please remove corbon papé burial, cremation, or removal, and in any event, within 10 ENTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY 14 FATHER S NAME Middle S MOTHER'S MAIDEN NAME First Middle Lost 16b. SOCIAL SECURITY NO. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no Openknawn) LEO APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) REPAYEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) buriol-tronsit nse ta immediate cause (a), signed by t DUE TO, OR AS A CONSEQUENCE OF physicion. stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🔲 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. AT HOME FARM, STREET, FACTORY, 1 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. State City or Town County While Nat while at wark at wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram Al 747 1906, and that in (my) (aur) apinion death accurred an the date and haur and from the saw the deceased give ancauses stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS STAFF PHYS. DEGREE DIRECTOR 22d PHYSICIAN S 22e. ADDRESS NAME (Type) 23g\_BURIAL CREMATION 236 DATE CEMETERY OR CREMATORY LOCATION (City or Town) 25b REGISTRAR S'SIGNATURE 25a. REC'D BY REGISTRAR ADDRESS FUNERAL DIRECTOR VR A15 (4) 1968 30M REV 1/68



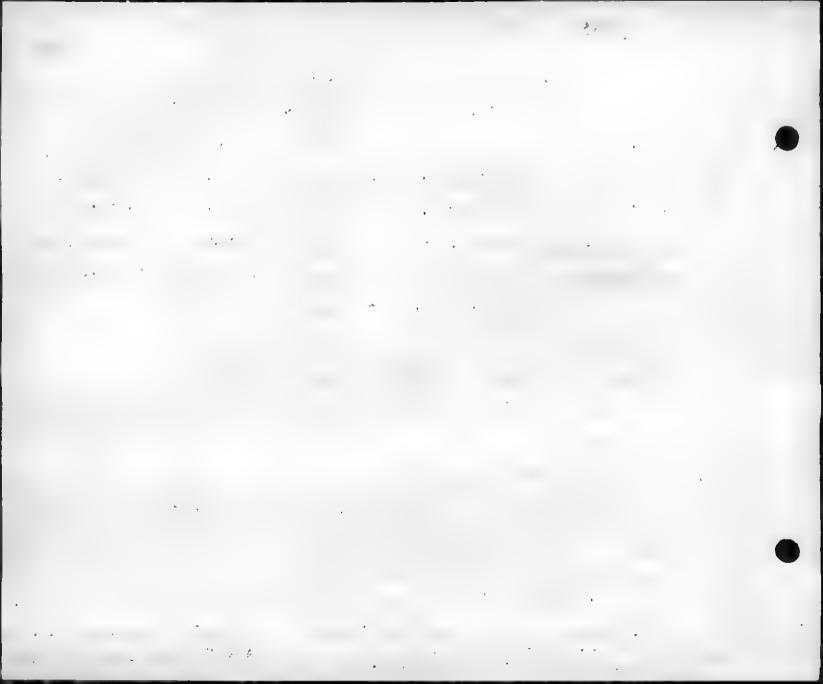
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death

## MARYLAND STATE DEPARTMENT OF HEALTH

IVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

05799	DIAISION OF	VITAL RECORDS,		ICATE OF		innoke, ma	KILAND 2120	, ,	, ,	7.14
DECEASED-NAME	First	Middle		Lost		2o. DATE OI			.,	2b HOUR
(Type or print)	narles	H.		Wett	lin		Month	Day-	68	11:108
3. SEX	4 RACE			S. DATE OF E	IRTH		6. AGE (In year:			IF UNDER 24 HRS.
Male	Wh	ite		9/2	0/99		last pirthday)	YRS.	JN 142	MUUKS MIN
a BIRTHPLACE (State or foreig	in 76. CITIZEN OF W	HAT COUNTRY?	8. MARRI	ED NEVER MA	RRIED	9. COUNTY OF	DEATH			
ountry) New York	USA		WIDOW		ORCED 🗀	Ann	e Arunde	1		M:
O CITY OR TOWN OF DEATH	11 N	IAME OF HOSPITAL OR IN	STITUTION (	lf not in hospital			(Kind of work o			BUSINESS OR
Crownsville	give	street oddress) rownsville	Stat	e Hosp.	during m	alesman	fe, even if retir	ed)		ast it a
3a USUA, RESIDENCE (Where	deceased lived, if institu	ton Residence before	13c, CITY	OR TOWN	13d INSIDE CITY I		REET AND NUMBE		1601	CSHORE
dmission) STATE Marvland	13b. COUNTY	ore City b	Ralt	imore	YES N	0 184	6 N. Gay	r St	reet	
4. FATHER'S NAME First	Middle	Lost	14664	IS MOTHERS A	AIDEN NAME		Midd			Last
DEXONA	WWW Chanda	_ 11 1.1.1.1	1.2				nor	77		,
160 WAS DECEASED EVER IN U		S H. Wett]		7 INFORMANT		Vindxixov	Addre		etting	Le
Yes, no, or unknown) (153	es give war or dates of service)				7 7	3 - C-				a
no Wikwwin		142-07-79		HOSDILA	T Keco	rds, Lr	OWNSVII	e_1/48	APPROX	MATE INTERVAL
18. CAUSE OF DEATH (Ex	CALICED DV.	12.17. 17	,						BETWEEN O	NSET AND DEATH
TAKE I. DESTIE WAS	MMEDIATE CAUSE (a)	<u>Myocardial</u>	infa	rction_						
4109		AS A CONSEQUENCE OF								
Conditions, if only, which	gave) (b)	ASCVD								
rise to immediate cause stating the underlying i		AS A CONSEQUENCE OF							IF UNDER 1 YEAR IF UNDER 24 MRS.  MONTHS DAYS HOURS MIN  12b. KIND OF BUSINESS OR INDUSTRY  real estate  Street  Last  Pettingle  Maryland  APPOX MATE INTERVAL BETWEEN OMSET AND DEATH  CONSIDERED IN CERTIFYING	
lost. 4 J	(c)									
PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIB	TING TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITION GIVE	N IN PART I(a)			
E Chronic a	looholism									
190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20c AUT	OPSY?			NGS CON	SIDERED IN CO	ERTIFYING
Chronic a  190 DATE OF OPERATION  210 ACCIDENT WAS UND				YES [	] NO 2	CAUSE	S OF DEATH?			
210 ACCIDENT WAS UND	ERLYING 216 TIME C	OF INJURY	1210	1			ory in Part 1 or Pa	ort 2. Iter	m 18.)	
S GOR CONTRIBUTING CAUSI	OF DEATH HOUR A.M.	Month Doy Yeor			,		,	-,		
OR CONTRIBUTING CAUSE  OR CONTRIBUTING CAUSE  (If either, notify medical  21d INJURY OCCURRED	P.M.			INCATION Sho	at at DED No	n (ch	or Town		County	State
While Not while	21e. PLACE OF INJURY	OFFICE BUILDING, ETC.	211	. LOCATION SITE	BE OF K.T.D. NO	U. (1)	Or TOWIT		County	310.6
at work at work	11 /at 1 (a. 1) at		16	1, 16	106	18, ta	1. / 1.7	10.6	H alima	40 ( ) 1.
22a. I certify that	(this naspital) at	rended the deceas	ea trom. 19.68	and that in /r	, 17 <u>0</u>	ioian doath	accurred an th	., 17 <u>0</u>	ond hour	and from the
causes stated	abave, (I)/(we) (did)	(did nat) view the	bady aft	er death.	iy) (doi) dp	milan acam	accorreg on n	ie uuie	una nuor	una tront m
22b SIGNATURE	4/.							22c. DA	TE SIGNED	
	Ulecce	CU I	D	EGREE PHYS.		MED DIRECTOR	STAFF PHYS	) և	177/68	}
22d PHYSICIAN S	70 0	250		22e. AD		DIRECTOR AL			/1/00	
NAME (Tuna)	Benedict. M	1. D.		Cı	ownsvi	lle Sta	ate Hosp	tial	Mary	rland
23a BURIAL, CREMATION,	23b DATE		CEMETERY	OR CREMATORY			Oh (City or Town)			
REMOVAL (Specify) emoval—Burial									` ''	
		Anners	vooa (	Jeme ter		BY REGISTRAR				IV a C a
24 EUNIPAL DIRECTOR E	Hopping -	Queles &	Any	ang		APR 2			iarles	()
Hopping Fune	ral Home -	Annapolis	Md	1	DATE	1-1-17 60-	~ 1000	1	TOO	July 1

VR ATS (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED-NAME First 2a DATE KNOWN Month Day 2b HOJR (Type or Print) ESTI-OF Poge ROYAL HAYS WIGLEYDEATH MATED AGE (In years 4 RACE IF JHDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH 2d HOUR ond male Sept.30,1890 Manth Doy 13 cau. 7a B RTHPLACE (State or foreign 76 CT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH U.S.A. WIDOWED [ DIVORCED Marvland Anne Arundel Give Poges 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 126 KIND OF BUSINESS OR Office along with during most of working life, even if retired) Annapolis Arundel Gen'l Piano Tuner 130 USUAL RESIDENCE (Where deceased lived if institution. Residence hefore 13c CITY OR TOWN 3d INSIDE CITY LM IS7 13e. STREET AND NUMBER 13b COUNT) YES NO Annapolis Box # 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First George William Wigley Minnie Hays forworded to the Chief Medical Examiner's pages hours ADDRESS Aunapolis, Med. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT be executed within (Yes no, ar unknawn) 2-1086 Royal Wells Wigley, Box #128 a permit. File APPROXIMATE INTERVAL event within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave nse to immediate cause (a), word This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause the certificate, writing the PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? should be 21a EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, L EXAMINER: CAUSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF N.JRY (At hame, farm, street, 21f, LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.) WHILE AT WORK AT WORK 22a I certify that took charge of the remous described obave, held an Autapsy Inspection X Inquiry 2 and in my apinian the funeral director death resulted from Natural causes Accident Suicide Hamicide. Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL moy be re ASSISTANT MEDICAL EXAM NER DEPUTY MEDICAL EXAMINER 5 moy **EXAMINER'S** NAME (Type) ADDRESS(Street, city town or county) 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify)
Bur ial 1968 St. Anne's Annapolis REGISTRAR S SIGNATUR

Annapolis. Md.

State

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5) TOM REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2o. DATE OF DEATH Teath requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral in please remove carbon papers. Pages I and (Type or print) WILLIAMS Aurelia Elizabeth 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years papers. Pages thin 72 hours aftg lost birthday) MONTHS DAYS 7a BIRTHPLACE (Ståte or foreign 76 GT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country Anne Arundel WIDOWED 💢 DIVORCED [ ID-CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during most/of working life, even if retired ) INDUSTRY event, witl 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 1 d. INSIDE CITY LIMITS? J/3e. STREET AND NUMBER 13c CITY OR TOWN odmission) STATE 13b. COUNTY and in any 14 FATHER'S NAME Middle M:ddle Lost IS , MOTHER S MALDEN NAME First Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes no er Linknown) (If yes give wor or dates of service) ar remayal, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSE AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial, crematian, signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tak attending has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO | far use Health O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Dov Yeor (If either, notify medical examiner) be detached State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work L TENDING director, page 3 should should be filed with the causes/stated obove, (1), (we) (did) (old not) view the body after deoth. 20h SIGNATUR 22c DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR PHYS 22d PHYSIC ANS 22e ADDRESS NAME (Type) 121 Cathedral St., Annapolis, Md. Richard N. Peeler. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION (Stote) (County) REMOVAL (Spec fy) FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV 1/68\_



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 115169 CERTIFICATE OF DEATH 2a DATE OF DEATH DECEASED-NAME First Williams Melvin Month (Type or print) 3 SEX 4 RACE E UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (in years requires that the death certificate be executed within 24 hours after N. ast birthday) Male corbon papers. Pagent, within 72 hours 9. COUNTY OF DEATH 7c BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED United States (GUNTRY) Md. Anne Arundel WIDOWED IX DIVORCED [ ] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address North Arundel Hospiduring most of warking life, even if retired ) Glen Burnie 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY JIMUTS? 13b COUNTY Anne Arundel Glen Burnie odmission) STATE YES NO X Box 330 Ordance Road remove 14 FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Lost and in Williams Henry Williams please Sarah Brooks 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TABLISOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknawn) or removol, 216-44-3255 War Hosvital Records APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF sterin cleum - Cerebal thurs signed by the burial-transit p Canditions, if any which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 os the prior to l hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? X YES 🗍 NO [ certificate 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTR BUTTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INDURY, OCCURRED City or Town County State Mot while O FUNERAL DIRECTOR: After 220/I certify that (I) (this haspital) affeided, the deceased from... saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes thated abave (1) (we) (did) (did not) view the bady after death. 22c DAJE SIGNED ATTENDING director, page should be filed PHYS. DIRECTOR 22e, ADDRESS 22H. PHYSICIAN'S NAME (Type) 23d BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Brooklyn Md. April-20-68 Ht Calvery FUNERA DIRECTOR 30M REV 1/68



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle First Lost 20. DATE OF DEATH 2b HOUR Month 19Doy Woelfer Max 4. RACE IF UNDER 24 HRS 2-15-88 6. AGE (In years IF LINDER 1 YEAR White last puthday) 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Arm Arundel U.S. WIDOWED [ DIVORCED [ II NAME OF HOSPITAL OR INSTITUTION (If not a hospital Weighted Prospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired ) MONTHY DSON. 3k. YES NO NO 13e STREET AND NUMBER 186 Burns Crossing Rd. 14h WWw.ndel Severn Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost (UNKNOMN) Moelfer 16b. SOCIAL SECURITY NO 17 INFORMANT Address 217-L9-3919 A. (Elsa F. Woelfer) Game as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE O DUE TO, OR AS A CONSEQUENCE OF Heart Forture 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES V NO 🖂 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY HOUR A.M. Month Day Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State 22a. I certify that (I) (this haspital) attended the deceased from 4/8/6819, ta 4/1/1/1/1/1/2011, 1752, that (I) (this haspital) attended the deceased from 4/8/6819, ta 4/1/1/1/1/2011, 1752, that (I) (this haspital) attended the deceased from 4/8/6819, and that in (my) (aur) apinion death accurred an the date and haur and from the

(Stote)

(County)

requires that the death certificate be executed within 24 hours after death. 3. SEX Male 7a BIRTHPLACE (State or foreign countryhermany signed by the ottending physician and completely filled in burial-tronsit perm.t. Then please remove corban papels. 10 CITY OR TOWN OF DEATH Glen Burnie 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CITY OR TOWN odwydd Aufridapo and in ony 14. FATHER'S NAME First Max 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yas, po, or unknown) or removol, 18. CAUSE OF DEATH (Enter only one couse per tine for (a), (b), apd;(c).) PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Canditions, if ony, which gave ) rise ta immed ote couse (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been 190 DATE OF OPERATION for use Health this certificote hospitol or 21g ACCIDENT WAS UNDERLYING TOR CONTRIBUTING TO CAUSE OF DEATH (If either, notify medical examiner) detoched 21d JAJRY OCCURRED White Not while at work be retoined by the OR ATTENDING TO FUNERAL DIRECTOR: After director, page 3 should be dishould be filed with the Store 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** COLLDEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BUR AL, CREMATION REMOVAL (Specify) 4/23/68 Loudon Park Cemetery Raltimore, Maryland Raper Euperglandome/Glen Surnie, Md. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 30M REV 1/68.

DECEASED NAME

(Type or print)



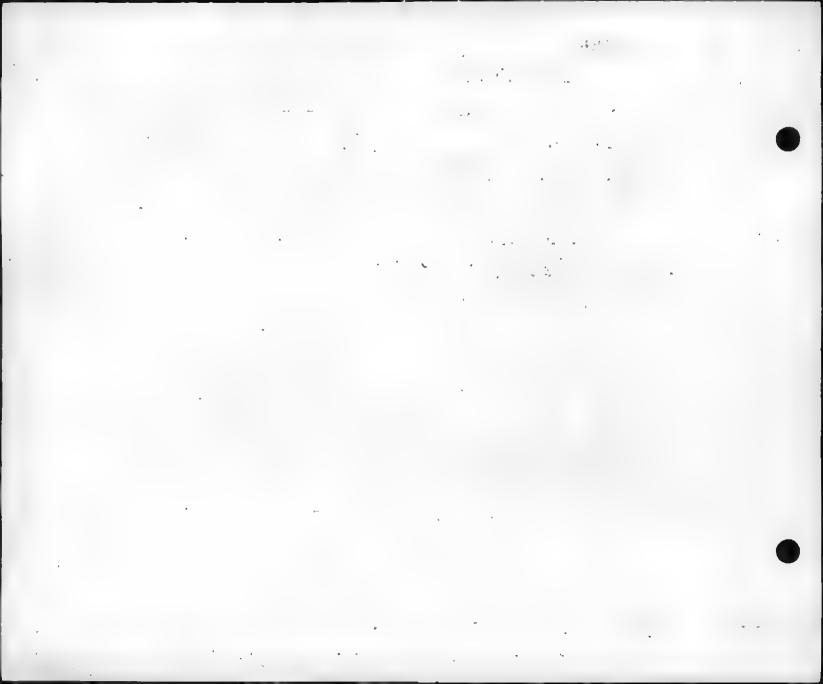
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	75.760		CERTIF	ICATE OF DEATH			3 4
	ECEASED NAME First	IAGETT	Middle	Lost	20. DATE OF DEATH	V	2b. HOUR
1	Thor	BE C. Wood	SR.		Menth E	1968	1:10M
3 5	EX .	4. RACE		S DATE OF BIRTH	6 AGE (In years	F JNDER 1 YEAR MONTHS CAYS	IF UNDER 24 HRS.
	Male	Wait	te	11-11-70	last pythdoy)		HUUNS MIN.
70	BIRTHPLACE (State or fareign	76 CITIZEN OF WHAT COL	INTRY? 8 MARRIE	D NEVER MARRIED	9. COUNTY OF DEATH		
Laur	Lothian, Md.	US	WIDOWE		Anne Arundel		Md
10 (	CTY OR TOWN OF DEATH		HOSPITAL OR INSTITUTION (		AL OCCUPATION (Kind of work done		BUSINESS OR
	Annapolis, Md		varior Nursin		ast of working life, even if refred	CON 19 14	1-02-
13a odm	USLAL RES DENCE (Where decear	sed lived, if institution: Re- 13b. COUNTY	1		M IS? 13e STREET AND NUMBER	ο,	
14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NAME F	irst Middle		Last
	Dr. Ed	igar Wade Woo	od	SARI	A HOUGES	Clag	ett
	WAS DECEASED EVER THUS ARI		OCIAL SECURITY NO. 17	INFORMANT	Address		
	18. CAUSE OF DEATH (Enter or		a), (b), and (c).)				NATE INTERVAL NSET AND DEATH
	PART I DEATH WAS CAUSE	D BY: ATE CAUSE (o)	mommen	4			
	486X	DUE TO, OR ASIA CO	NSEQUENCE OF			1 we	1
	Canditions, if any, which gave rise to immediate cause (a).					100	7
	stating the underlying cause		NSEQUENCE OF				
	lost.	(c)					
	PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO		TO THE TERMINAL DISEASE ORC			
8	i,; core	roccure		dovarenda			
CERTIFICATIO	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a. AUTOPSY?  YES NO NO	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	ERTIFYING
	21g ACCIDENT WAS UNDERLYIF		Y 21c.	HOW INJURY OCCURRED (Enter	r nature of injury in Port 1 ar Part :	2, Item 18)	
3	OR CONTRIBUTING CAUSE OF DEA		th Doy Yeor 19				
	21d INJURY OCCURRED 21e While Nat while of wark	. PLACE OF INJURY (AT HOM OFFICE	E, FARM, STREET, FACTORY, 21F BUILDING, ETC	LOCATION Street or R F D. No.	. City ar Tawn	County	State
	22a. I certify that (I) (th	nis haspital) attended	the deceased from	11-29-67 19_	, ta <b>3=5=68</b> , 1	9, that	(I) (we) last
	saw the deceased a	alive an of the e, (1) (we) (did n	- 719_ <i>(a.</i> 1, c	ind that in (my) (aur) api	nian death accurred an the	date and hour	and from the
	22b. SIGNATURE	2	DE		NED. STAFF 222	DATE SIGNED	968
	22d. PHYSICIAN'S NAME (Type)	1		22e ADDRESS	/		
230	BURIAL, CREMATION, 23b.	DATE	23c NAME OF CEMFTERY (	OR CREMATORY	23d. LOCATION (City or Town)	(Caunty)	(Stote)
230	BURIA., CREMATION, 23b. REMOVAL (Specify)	DATE		OR CREMATORY	23d. LOCATION (City or Town)	/ (County)	(Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the Funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages—ford 3 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 houry-affer

Poge 4 may be retained by the hospital or attending physicion.



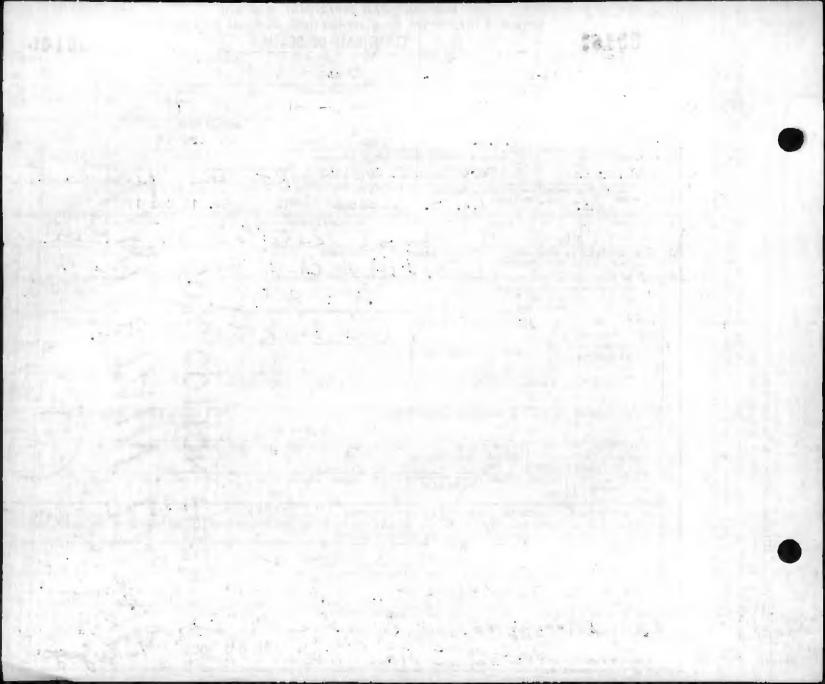
Deer Acres March	. 19 4				OF DEATH	D. DATE OF	DEATH	73	165		
(Type or print)	First Chest	er	Middle R.	You	lost ing	20. DATE OF	Month 23 Do	Y 68 <sup>Year</sup>	2b. HOU 4A		
. sex Male		4. RACE Wh:	ite	5. Da	9-20-1894		6. AGE (In years last-birthday) YRS.	IF UNGER 1 YEAR MONTHS DAYS	HOURS I		
o. BIRTHPLACE (Sto Quarty) Maryland		7b. CITIZEN OF WHAT OF WHAT	1	MIDOWED [	EVER MARRIED DIVORCED	L	rundel				
o city or town of Glen Bu		din Que	of Hospital or Instituted Leader Arundel	Hospit	tospital 12a. USU al during n		(Kind of wark done life, even it retired.)	12b. KIND OF INDUSTRY	BUSINESS OF		
30. USUAL RESIDEN dmission) STATE	CE (Where decease Md.	d lived, if institution:	Residence before 13 A. CO. F	asadena			REET AND NUMBER  11 Box 17	8			
4. FATHER'S NAME	First	Middle	Last	15. MO	THER'S MAIDEN NAME	First	Mas	int	Lost		
Yes, no, or unkflo	EVER IN U.S. ARME wn) (If yes give wo	ED FORCES? 16b or or dates of service)	SOCIAL SECURITY NO.	17. INFOR	Lluste	Jun	Address Ser	enne t	元人		
18. CAUSE OF PART I. I	EATH WAS CAUSED	y ane couse per line fo BY:	or (o), (b), and (c).)	A	SHI	)	37		nate interval HSET and Geat		
410	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TE CAUSE (o)	CONSEQUENCE OF	0	1. 1.	P	2				
rise to imme	any, which gave)	(b) DUE TO, OR AS A	CONSEQUENCE OF	6-a	> the	her her	MATVE	H			
last.											
4 111	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
190. DATE OF O	PERATION 19b. C	ONDITION FOR WHICH	OPERATION WAS PERFO	DRMED 2	YES NO	CALISES	YES, WERE FINDINGS ( OF DEATH?	CONSIDERED IN CI	RTIFYING		
S OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF CEATH by medical examine	HOUR A.M. N	lonth Doy Year		JURY OCCURRED (Ent		y in Port 1 ar Part 2,	Item 18.)	M		
While No	work	PLACE OF INJURY (AT I			1		or Town	County	Sta		
saw t	ne deceased ali	s hospitol) attend ive on , (l) (we) (did) (did	47 193	, ond the	of in (my) (our) or	inion deoth o	7 2 3 , 19 occurred on the de	that ote ond hour	(I) (we) and from		
226. SIGNATUR	226. SIGNATURE  ATTENDING  ATTENDING  DIRECTOR D										
/ /		In Um			22e. ADDRESS	4.	Islen 1	Burn	a In		
22d. PHYSICIA NAME (Ty	Pr /	0 1111	Teste Cov	511	p/ 11 1	1					
	ITION 23b. D	ATF > 168	23c. NAME OF CEA	METERY OR CREM	IATORY	23d. LOCATIO	ON (City or Town)	(Colinty)	(State)		

VR A15 (4) 30A4 REV. 1/68

ord 2 eoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. "age should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours a



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05166 Lost 2b. HOUR Middle 2a. DATE OF DEATH DECEASED-NAME First 24 haurs after death Month Yeor (Type or print) Day and campletely filled in by the funeral remove carban papers. Pages Land H. Zobel deg George IF UNDER 24 HRS. 6. AGE (In years 4. RACE S. DATE OF BIRTH IF UNDER I YEAR SEX HOURS last birthday) MONTHS 10 - 15-87 White Male oan papers. Page within 72 haurs # 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Anne Arundal DIVORCED T WIDOWED A Baltimore 12o, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2b. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH requires that the death certificate be executed within during most of working life, even if retired.) INDUSTRY Glen Burnie Transit Co event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13h COUNTY Glen Burnie YES X 728 Griffith Rd. Arunde! and in any Middle 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle Lost physician a Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (1) yes give war or dates of service) Yes, no, or unknown) or remaya the attending phy sit permit. Then APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave signed by the burial-transit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior ta O FUNERAL DIRECTOR: After this certificate has been enne 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ Health far use 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, natify medical examiner) d, detached ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from sow the deceased give an 196 \$ . o 19 6 1, 10 \_196 1, and that in (my) (our) opinion death accurred on the date and hour and from the sow the deceased olive on... 4 may be retained couses stoted above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING O.Kan, DEGREE DIRECTOR director, page should be filed PHYS 22e. ADDRESS 22d. PHYSICIAN'S orkan NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCALION (City or Town) (State) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) **ADDRESS** 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68 Ocharles DATE